

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462

2017
APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS
(This is a two-sided application)

(To be completed by Village staff)

Date Approved: _____
Date Denied: _____
Approval: _____
Village Clerk
Expires: _____
**APPROVED APPLICATION
SERVES AS LICENSE**

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. Applications must be submitted at least 30 days prior to the raffle date requested.
For information or questions, please call (708) 403-6150.

-Each license is valid for not more than 1 raffle per week during any 1 year period.-

**NAMES OF UNDERSIGNED ORGANIZATION OFFICERS
(PERSONS SUBMITTING APPLICATION)**

DATE OF APPLICATION:

June 22, 2017

PRESIDENT OR PRESIDING OFFICER:

DONALD PACHA

SECRETARY:

MICHELLE PIERSON

ADDRESS OF APPLICANT:

13300 S LA Grange RD
ORLAND PARK IL 60462

ORGANIZATION
REQUESTING LICENSE:

CARL SANDBURG HS MUSIC BOOSTERS

ADDRESS OF ORGANIZATION:

13300 S LA Grange RD
ORLAND PARK IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

ELISE WENHMEIER
14410 RAVEYS LN, ORLAND PARK IL 60462
PHONE 708-207-8085

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:

CARL SANDBURG HS, 13300 S LA Grange RD, ORLAND PARK IL 60462

PURPOSE OF RAFFLE: Funds remain for items outside of School Budget
for CSTS music programs.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

7/17 - 12/8/2017

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

3000

PRICE OF CHANCES: \$10

TOTAL PRIZE VALUE: \$2175

LARGEST
SINGLE PRIZE: \$1000

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:

6p 12/8/17 MUSIC practice Room, CSTS **OVER**
Time Date Location of Raffle Drawing (Address, City, State) 13300 S LA Grange RD, ORLAND PARK, IL 60462

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X Labor _____ Fraternal _____ Business _____

Educational _____ Veterans' Organization _____ *Non-Profit Fund Raising _____

*(check this box if organized solely to raise funds for an individual or group of individuals suffering extreme financial hardship, as a result of illness, disability, accident or disaster)

LENGTH OF TIME ORGANIZATION HAS BEEN IN EXISTENCE: 25⁺ years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 350⁺ families

The undersigned, under oath attest that we have read and understand Ordinance #3480 entitled "An ordinance of the Village of Orland Park establishing a system for the licensing of organizations to operate raffles" and we further attest to the non-profit character of the prospective license organization.

Further the undersigned attest that they comply with all provisions of Ordinance #3480 and understand that violations of this ordinance are subject to fines of not less than one-hundred dollars (\$100.00) and not more than seven-hundred-and-fifty dollars (\$750.00) per violation.

President or
Presiding Officer Donald Vacha
Type or Print Name

Signature: [Signature]

ATTEST:

Secretary: Michele Pierson
Type or Print Name

Signature: [Signature]

SUBSCRIBED AND SWORN TO

before me this 28th

day of June, 2017.

Deborah D'Atomo
(Notary Public)



Commission Expires: 9.18.2018