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

(To be completed by Village staff)
Date Approved: _____
Date Denied: _____
Approval: _____ Village Clerk
Expires: _____
APPROVED APPLICATION SERVES AS LICENSE

2016
APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a two-sided application)

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: 3/15/16

PRESIDENT OR PRESIDING OFFICER: STEVE HARRIS

SECRETARY: KEVIN CHAFIN

ADDRESS OF APPLICANT: 10767 163rd Place
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: Disabled Patriot Fund

ADDRESS OF ORGANIZATION: 10767 W. 163rd Place
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: JOHN LAFLAMBOY

PHONE 708-638-8577

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Mackey's Pub 9400 W. 143rd ST, ORLAND PARK 60462

PURPOSE OF RAFFLE: RAISE FUNDS FOR LOCAL DISABLED VETERANS AN CURRENT MEMBERS OF THE MILITARY IN NEED.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: DAILY

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: UNKNOWN

PRICE OF CHANCES: $1.00 **TOTAL PRIZE VALUE:** Varies **LARGEST SINGLE PRIZE:** UNKNOWN

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

8pm (Time) EVERY WEDNESDAY (Date) 9400 W. 143rd ST. O.P. 60462 (Location of Raffle Drawing (Address, City, State))

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** ✓ **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: 12 YR.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ORLAND PARK 2004

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 25

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 STEVE HARRIS
Type or Print Name

Signature: _____

ATTEST: JEFF FICARO

Secretary: [redacted]
Type or Print Name

Signature: Jeff Ficaro

SUBSCRIBED AND SWORN TO

before me this 15

day of March, 2016.

OFFICIAL SEAL
Laura J. LaPorta
Notary Public - State of Illinois
My Commission Expires 6/14/2019

Laura J LaPorta
(Notary Public)

Commission Expires: 6/14/2019

/nm
11/15