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:	<u> </u>
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.~

	UNDERSIGNED ORGANIZATION OFFICERS CRSONS SUBMITTING APPLICATION)
DATE OF APPLICATION:	1-18-17
PRESIDENT OR PRESIDING OFFI	CER: DMALD VACHE
SECRETARY:	Par Duffy
ADDRESS OF APPLICANT:	13300 Slagrange RD
	ORIAND PARK 12 Leo462
ORGANIZATION REQUESTING LICENSE:	CARL SAND BURG Music Boosters
ADDRESS OF ORGANIZATION:	13300 S LA Grange 120
	ORIAND PARK IL LEOYED
NAME AND ADDRESS OF RAFFLE MANAGER:	Elise WEHMEIÈR
WANAGER:	14410 RANEUS CN, OP 1L60462
	PHONE 708-207-8085
ADDRESS OF PLACE(S) OR AREA	(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
	3300 SLAGgenge RD OP 12 leo462
PURPOSE OF RAFFLE:	emain for CSHS Music Boosters
at Annual Croft &	how
TIME PERIOD WHICH RAFFLE CHAP	NCES WILL BE SOLD OR ISSUED: MARCH 11-12,2017
MAXIMUM NUMBER OF RAFFLE CH	ANCES TO BE SOLD OR ISSUED: 1420
PRICE OF CHANCES: 4/ TO	TAL PRIZE VALUE: 4800 SINGLE PRIZE: 4350
TIME, DATE AND LOCATION WHERI	E WINNING RAFFLE CHANCE WILL BE DETERMINED:
230 3/12/17	13300 S LA Grang RD, OP 12 100462 OVER Location of Raffle Drawing (Address, City, State)
ı ime Date	Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious Charitable Labor Fraternal Business Educational Veterans' Organization *Non-Profit Fund Raising
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: 15t years
PLACE AND DATE OF INCORPORATION OF ORGANIZATION:
IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED:
NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 350
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 Type or Print Name Type or Print Name
Signature:
ATTEST:
Secretary: Publick buffy Type or Print Name
Signature:
SUBSCRIBED AND SWORN TO
before me this
day of Junuary . 20 17. OFFICIAL SEAL DEBORAH D'ATTOMO NOTARY PUBLIC - STATE OF BLINGIS MY COMMISSION EXPIRES DIVINIS
(Notary Public)
Commission Expires: 9.18. 2018