

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

2018
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: 8/22/18

PRESIDENT OR PRESIDING OFFICER: Paul O'Grady, Supervisor

SECRETARY: Cindy Mumay, Clerk

ADDRESS OF APPLICANT: 14807 S. Ravinia Ave.
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: Orland Township Food + Pet Pantry

ADDRESS OF ORGANIZATION: 14807 S. Ravinia Ave.
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Susan Benson
14807 S. Ravinia Ave, Orland Park

PHONE: 708-403-4222

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

14807 S. Ravinia Ave, Orland Park, IL 60462

PURPOSE OF RAFFLE: Fundraiser for Orland Township
Food + Pet Pantry

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Sat. Sept 15, 2018
12-3 PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: 1.00 each ^{10 for 5.00} TOTAL PRIZE VALUE: _____ LARGEST SINGLE PRIZE: _____

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

12-3 PM 9/15/18 14807 S. Ravinia Ave, Orland Park, IL **OVER**

Time 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 X

*(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: Food Pantry 1983

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 1850

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _____

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

PAULO GRADY
Type or Print Name

Signature:

Paulo Grady

ATTEST:

Secretary:

Cindy Murray
Type or Print Name

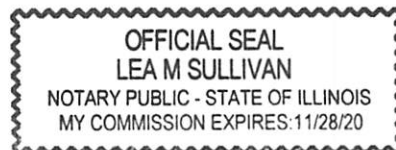
Signature:

Cindy Murray

SUBSCRIBED AND SWORN TO

before me this 22

day of August, 2018.



Lea M. Sullivan

(Notary Public)

Commission Expires: 11/28/2020