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

2014
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: JUNE 30, 2013

PRESIDENT OR PRESIDING OFFICER: TERENCE HANCOCK

SECRETARY: ROBERTA LESTER

ADDRESS OF APPLICANT: 14551 S. RAVINIA STE 2B
ORLAND PARK, IL. 60462

ORGANIZATION REQUESTING LICENSE: IN SEARCH of A CURE

ADDRESS OF ORGANIZATION: 14551 S. RAVINIA STE 2B
ORLAND PARK, IL. 60462

NAME AND ADDRESS OF RAFFLE MANAGER: ROBERTA LESTER
14551 S. RAVINIA STE 2B ORLAND PARK, IL

PHONE 630-887-4141

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

PURPOSE OF RAFFLE: RAISE FUNDS FOR CHARITABLE PURPOSES

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: July 31, 2014

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: July 31, 2014

PRICE OF CHANCES: VARIOUS **TOTAL PRIZE VALUE:** EST $20,000 **LARGEST SINGLE PRIZE:** 10,000.00

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

7PM (Time) 7/31/14 (Date) SILVER LAKES Country Club (Location of Raffle Drawing (Address, City, State))
14700 S. 82nd AVE

OVER

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: 7 YRS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ILLINOIS 4/16/2008

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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 TERRENCE J. HANCOCK
Type or Print Name

Signature: T. Hancock

ATTEST:

Secretary: ROBERTA A. LESTER
Type or Print Name

Signature: Roberta A. Lester

SUBSCRIBED AND SWORN TO

OFFICIAL SEAL
NANCY J DIGIOVANNI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/18/17

before me this 30th

day of June, 2014.

Nancy J. DiGiovanni
(Notary Public)

Commission Expires: 1/18/17

/nm
12/13