

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

2011
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: _____

PRESIDENT OR PRESIDING OFFICER: _____

Jennifer Escalante

SECRETARY: _____

Sara SCHWANKE

ADDRESS OF APPLICANT: _____

**ORGANIZATION
REQUESTING LICENSE:** _____

NightBlue Performing Arts Co

ADDRESS OF ORGANIZATION: _____

11976 Holly Ct.

Lemont, IL 60439

**NAME AND ADDRESS
OF RAFFLE
MANAGER:** _____

8822 Juniper Ct.

Orland Park, IL 60462

PHONE (708) 403-9283

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

8601 W. 159th St. Orland Park, IL 60462

PURPOSE OF RAFFLE: Fundraiser and small event to kick off

our 2012 season.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Only on 1/21/12

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 350

PRICE OF CHANCES: \$5 **TOTAL PRIZE VALUE:** \$1750 **LARGEST SINGLE PRIZE:** \$875

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

10:30pm
Time

1/21/12
Date

8601 W. 159th St. Orland Park, IL 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: 6 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: 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**

Jennifer C. Escalante
Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

SARA A. SCHWANKE
Type or Print Name

Signature:

[Signature]

SUBSCRIBED AND SWORN TO

before me this 13th

day of Dec., 20 11.

[Signature]
(Notary Public)

Commission Expires: 12/29/14

