

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: 4/24/2018

PRESIDENT OR PRESIDING OFFICER: Anne Mally

SECRETARY: Kim Jansto

ADDRESS OF APPLICANT: 16139 Hackney Dr
Orland Park IL 60467

ORGANIZATION REQUESTING LICENSE: Working On Wellness Foundation Inc

ADDRESS OF ORGANIZATION: 16139 Hackney Dr
Orland Park IL 60467

NAME AND ADDRESS OF RAFFLE MANAGER: Mary Ellen Smolinski
11508 Ashbury Ct Mokena IL 60448

PHONE 815-370-4891

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Orland Park Health & Fitness Center

PURPOSE OF RAFFLE: General Fundraising

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 9/17 - 9/21/2018

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 10,000

PRICE OF CHANCES: \$1 **TOTAL PRIZE VALUE:** 1/2 pot **LARGEST SINGLE PRIZE:** 1/2 pot

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
10:00am 9/24/2018 Orland Park Health and Fitness Center, 15430 West Ave., Orland Park
Time Date 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: 1 1/2 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 12/6/2016

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 Anne Matty
Type or Print Name

Signature: *Anne Matty*

ATTEST:
Secretary: Kim Jansto
Type or Print Name

Signature: *Kim Jansto*

SUBSCRIBED AND SWORN TO

before me this 7th
day of July, 2018.



Christina M. Kmetty
(Notary Public)

Commission Expires: June 19, 2021