

**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: 5-1-2018

PRESIDENT OR PRESIDING OFFICER: John Laflamboy

SECRETARY: Brent Woods

ADDRESS OF APPLICANT: 10767 163rd Place

Orland Park, IL 60467

**ORGANIZATION
REQUESTING LICENSE:** Disabled Patriot Fund

ADDRESS OF ORGANIZATION: 10767 163rd place

Orland Park, IL 60467

**NAME AND ADDRESS
OF RAFFLE
MANAGER:** Phil Bell

10767 163rd Place, Orland Park, IL 60467

PHONE 708-860-2355

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

Mackey's Pub, 9400 W, 143rd Street, Orland Park, IL 60462

PURPOSE OF RAFFLE: Fundraiser for Disabled Patriot Fund (501c3-Veterans Org.)

Partnered with Village of Orland Park Veterans Commision

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Daily

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

PRICE OF CHANCES: \$1 **TOTAL PRIZE VALUE:** ongoing **LARGEST
SINGLE PRIZE:** up to \$50,000

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

OVER
8pm every Wednesday Mackey's Pub, 9400 W. 143rd St., Orland Park, IL 60462

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

**(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: 14 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park, IL 2004

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 5

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** John Laflamboy
Type or Print Name

Signature: John Laflamboy

ATTEST:

Secretary: Brent Woods
Type or Print Name

Signature: Brent Woods

SUBSCRIBED AND SWORN TO

before me this 1st

day of May, 20 18.

Lynn M. Sutter
(Notary Public)

Commission Expires: 11/07/18

