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

2011
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: 10-27-11

PRESIDENT OR PRESIDING OFFICER: Deborah Trippiedi

SECRETARY: Joseph Trippiedi

ADDRESS OF APPLICANT: 220 S. McGinty St
Diamond IL 60416

ORGANIZATION REQUESTING LICENSE: Operation Moms Cookies NFP

ADDRESS OF ORGANIZATION: 220 S. McGinty St
Diamond IL 60416

NAME AND ADDRESS OF RAFFLE MANAGER: Lisa Brown
7931 Laguna Ln Orland PK, IL 60462

PHONE 708-710-8014

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Orland Park Civic Center 14750 Ravina Orland Park, IL

PURPOSE OF RAFFLE: Raise funds to support Operation Moms Cookies and PAWS

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 6-9:30PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000

PRICE OF CHANCES: $1.00 each, 6 for $5.00 **TOTAL PRIZE VALUE:** $1,000 **LARGEST SINGLE PRIZE:** $25.00

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

6-9:30PM (Time) 12-2-11 (Date) Orland Park Civic Center (Location of Raffle Drawing (Address, City, State))
14750 Ravina Orland Park, IL.

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: 4-5-2001 10 YRS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 220 S. McGinity DIAMOND, FL.

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 JOSEPH R. TRIPPIEDI
Type or Print Name

Signature: Joseph R. Trippiedi

ATTEST:

Secretary: DEBORAH TRIPPIEDI
Type or Print Name

Signature: Deborah Trippiedi

SUBSCRIBED AND SWORN TO

before me this 26th

day of October, 2011.

OFFICIAL SEAL
LYNN GEMMELLARO
NOTARY PUBLIC, STATE OF ILLINOIS
My Comm. Exp. 02/28/12

Lynn Gemmellaro
(Notary Public)

Commission Expires: 02/28/12

/nm
1/11