

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: 7/5/2018

PRESIDENT OR PRESIDING OFFICER: Rev. Msgr. Michael M. Boland

ASST. SECRETARY: Michele A. Bianchi

ADDRESS OF APPLICANT: 721 N. LaSalle Street
Chicago, IL 60654

ORGANIZATION REQUESTING LICENSE: Catholic Charities of the Archdiocese of Chicago

ADDRESS OF ORGANIZATION: 721 N. LaSalle Street
Chicago, IL 60654

NAME AND ADDRESS OF RAFFLE MANAGER: Dave Gardner
721 N. LaSalle Street, Chicago, IL 60654

PHONE 312-655-7907

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

Chances will be sold on the day of the event at the Crystal Tree Golf & Country Club, 10700 W. 53rd St. Orland Park, IL 60462 and online prior to the event.

PURPOSE OF RAFFLE: Proceeds to benefit the Catholic Charities' Loving Outreach to Survivors of Suicide (LOSS) Program.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: August 6, 2018

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: \$500
\$50.00 each

OR-
PRICE OF CHANCES: 3 for \$100 **TOTAL PRIZE VALUE:** \$4,000 **LARGEST SINGLE PRIZE:** \$2,000

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

On or by 7:15pm August 6, 2018 Crystal Tree Golf & Country Club, 10700 W. 53rd St., Orland Park, IL 60462

Time Date Location of Raffle Drawing (Address, City, State)

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious X 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: 100 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois, January 21, 1918

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: N/A

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 Rev. Msgr. Michael M. Boland
Type or Print Name

Signature: *[Handwritten Signature]*

ATTEST:
Asst. Secretary: Michele A. Bianchi
Type or Print Name

Signature: *[Handwritten Signature]*

SUBSCRIBED AND SWORN TO

before me this 6th
day of July, 2018.

[Handwritten Signature]
(Notary Public)



Commission Expires: 2/25/2019