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

2014
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: 5/12/2014

PRESIDENT OR PRESIDING OFFICER: [signature]

Assistant SECRETARY: Mary Matthews

ADDRESS OF APPLICANT: 3075 Highland Parkway
Downers Grove, IL 60515

ORGANIZATION REQUESTING LICENSE: Advocate Children's Hospital - Oak Lawn

ADDRESS OF ORGANIZATION: 4440 W. 95th St.
Oak Lawn, IL 60453

NAME AND ADDRESS OF RAFFLE MANAGER: Marina Khalfina
3075 Highland Parkway
Downers Grove, IL 60515
PHONE 630-929-6944

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Silver Lakes Country Club 14700 S. 82nd St Orland Park, IL 60462

PURPOSE OF RAFFLE: Raise funds for Advocate Children's Hospital - Oak Lawn Cardiac Neurodevelopmental Program

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 6/1/2014

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 300 (estimate)

PRICE OF CHANCES: 1/$10, 3/$20, ~~10/$40~~ **TOTAL PRIZE VALUE:** estimated 1,500 **LARGEST SINGLE PRIZE:** $500 (estimate)

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

5-6pm (Time) 9/17/2014 (Date) Silver Lakes Country Club (Location of Raffle Drawing (Address, City, State))

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **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: ~~20 years~~ 30 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL 2/9/1984

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 0

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 PAT SMITH-CALASCIBETTA
Type or Print Name

Signature: Pat Smith-Calascibetta

ATTEST:

Assistant **Secretary:** Mary Matthews
Type or Print Name

Signature: Mary A Matthews

SUBSCRIBED AND SWORN TO

before me this 13

day of May, **20** 14.

Audrey J. Noftz
(Notary Public)

"OFFICIAL SEAL"
AUDREY J. NOFTZ
Notary Public, State of Illinois
My Commission Expires Mar. 27, 2018

Commission Expires: 3/27/18

/nm
12/13