

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462

2016
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: 3/15/16

PRESIDENT OR PRESIDING OFFICER: STEVE HARRIS

SECRETARY: KEVIN CHAFIN

ADDRESS OF APPLICANT: 10767 163rd Place
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: Disabled Patriot Fund

ADDRESS OF ORGANIZATION: 10767 W. 163rd Place
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: JOHN LAFLAMBOY

PHONE 708 - 638-8577

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

Mackey's Pub 9400 W. 143rd St, ORLAND PARK 60462

PURPOSE OF RAFFLE: RAISE FUNDS FOR LOCAL DISABLED VETERANS
AND CURRENT MEMBERS OF THE MILITARY IN NEED.

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

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

PRICE OF CHANCES: \$1.00 TOTAL PRIZE VALUE: Varies LARGEST SINGLE PRIZE: UNKNOWN

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

8pm EVERY WEDNESDAY 9400 W. 143rd ST. O.P. OVER
Time Date Location of Raffle Drawing (Address, City, State) 60462

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: 12 YR.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ORLAND PARK 2004

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 25

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 STEVE HARRIS
Type or Print Name

Signature: [Handwritten Signature]

ATTEST: JEFF FICARO
Secretary: ~~KEVIN CHATFIELD~~
Type or Print Name

Signature: [Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 15
day of March, 2016.

[Handwritten Signature]
(Notary Public)



Commission Expires: 6/14/2019