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

2017
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: 2/Dec/17

PRESIDENT OR PRESIDING OFFICER: Donald J Ade

SECRETARY: Jody Saturnus

ADDRESS OF APPLICANT: 15435 Sunflower Ct. Orland Park

ORGANIZATION REQUESTING LICENSE: Orland Pk Law Enforcement Ofc

ADDRESS OF ORGANIZATION: 15100 Ravinia Orland Pk 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Donald J Ade

PHONE 708-468-9308

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

Orland Park Civic Center

PURPOSE OF RAFFLE: Raise Monies For Org

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Dates of Meetings

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 100

PRICE OF CHANCES: $1.00 **TOTAL PRIZE VALUE:** $75.00 **LARGEST SINGLE PRIZE:** $35.00

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

8:00 PM (Time) Dates of Meeting (Date) Civic Center 14750 Ravinia (Location of Raffle Drawing (Address, City, State))

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** V **Labor** _____ **Fraternal** V **Business** _____

Educational _____ **Veterans' Organization** _____ ***Non-Profit Fund Raising** V

***(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: 31 YEARS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: CINCINNATI OH 45201 15 DEC 06

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 DONALD J ADU
Type or Print Name

Signature: _____

ATTEST:

Secretary: JERRY SATERNUS ILLINOIS COOK
Type or Print Name STATE COUNTY

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26 DAY DECEMBER 17

Signature: _____ NOTARY PUBLIC Angela M. Burman

SUBSCRIBED AND SWORN TO

before me this _____

day of _____, 20____.

OFFICIAL SEAL
ANGELA M BURMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/17/18

_____
(Notary Public)

Commission Expires: _____

/nm
12/16