

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

2017
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:

9-11-2017

PRESIDENT OR PRESIDING OFFICER:

Michael Raymond

SECRETARY:

Thomas Duhe/kel/keis

ADDRESS OF APPLICANT:

14700 RAVINIA
ORLAND PARK, IL 60462

ORGANIZATION
REQUESTING LICENSE:

ORLAND PARK VETERANS Commission

ADDRESS OF ORGANIZATION:

14700 RAVINIA
ORLAND PARK, IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Tom Duhe/kel/keis
15181 78TH Ave. O. P., IL 60462
PHONE 708 532 0590

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

Mackey's Pub 9400 W. 143RD ST. ORLAND PARK, IL 60462
PURPOSE OF RAFFLE: FUND RAISER for the Disabled Patriot Fund + ORLAND PARK VETERANS
commission 50/50 split

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Every Wednesday

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: unlimited
\$1 each

PRICE OF CHANCES: _____ TOTAL PRIZE VALUE: ongoing LARGEST SINGLE PRIZE: undetermined

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

8 PM every Wednesday Mackey's Pub 9400 W. 143RD ST. O. P., IL 60462 OVER
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business _____

Educational _____ Veterans' Organization X *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

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Village of ORLAND PARK - 1991

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

Village of ORLAND PARK Commission

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 9

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

Michael Raymond
Type or Print Name

Signature:

Michael Raymond

ATTEST:

Secretary:

Thomas Rebelkeis
Type or Print Name

Signature:

Thomas Rebelkeis

SUBSCRIBED AND SWORN TO

before me this 14th

day of Sept, 2017.

Nancy R. Melinauskas
(Notary Public)

Commission Expires: Aug 30, 2017

