

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: _____
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: January 27, 2016
PRESIDENT OR PRESIDING OFFICER: Ann Oliver, President
SECRETARY: Carla Erdey, Secretary
ADDRESS OF APPLICANT: 15100 S. 94th Ave., Orland Park, IL 60462
ORGANIZATION REQUESTING LICENSE: District 230 Foundation
15100 S. 94th Ave., Orland Park, IL 60462
ADDRESS OF ORGANIZATION: Susan Larson Spencer
NAME AND ADDRESS OF RAFFLE MANAGER: 12148 S. 74th Ave., Palos Heights, IL
Foundation #: (708) 745-5222
PHONE

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
15100 S. 94th Ave., Orland Park, IL 60462

PURPOSE OF RAFFLE: To raise funds for our 501 (c) (3) organization to benefit the students in District 230.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Approx. 3 Months

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: Maximum 1,500 Tickets

PRICE OF CHANCES: \$25.00 TOTAL PRIZE VALUE: \$17,500.00 LARGEST SINGLE PRIZE: \$7,500.00

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
8:30 p.m. April 2, 2016 Homewood Suites, 16235 S. LaGrange Rd., Orland Park, IL

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 X 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: Since 2005
PLACE AND DATE OF INCORPORATION OF ORGANIZATION: October 13, 2005 (Orland Park)

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 Ann Oliver, President
Type or Print Name

Signature: *Ann Oliver*

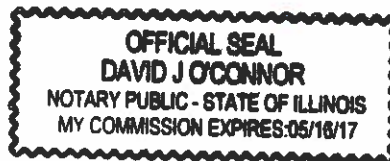
ATTEST:
Secretary: Carla Erdey, Secretary
Type or Print Name

Signature: *Carla Erdey*

SUBSCRIBED AND SWORN TO

before me this 27th day of January, 2016

David J O'Connor
(Notary Public)



Commission Expires: _____