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: 1-18-17

PRESIDENT OR PRESIDING OFFICER: Donald Vacha

SECRETARY: Pat Duffy

ADDRESS OF APPLICANT: 13300 S LaGrange Rd
Orland Park IL 60462

ORGANIZATION REQUESTING LICENSE: Carl Sandburg Music Boosters

ADDRESS OF ORGANIZATION: 13300 S LaGrange Rd
Orland Park IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Elise Wehmeier
14410 Ranch's Ln, OP IL 60462
PHONE 708-207-8085

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Carl Sandburg HS 13300 S LaGrange Rd OP IL 60462

PURPOSE OF RAFFLE: Fundraiser for CSHS Music Boosters at Annual Craft Show

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: March 11-12, 2017

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1500

PRICE OF CHANCES: $1 **TOTAL PRIZE VALUE:** $~~800~~ **LARGEST SINGLE PRIZE:** $350

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

2:30p (Time) 3/12/17 (Date) 13300 S LaGrange Rd, OP IL 60462 (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** X

***(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: 15+ years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 350

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 VACHA
Type or Print Name

Signature:

ATTEST:

Secretary: PATRICK DUFFY
Type or Print Name

Signature:

SUBSCRIBED AND SWORN TO

before me this 18th

day of January, 20 17.

Deborah D'Attomo
(Notary Public)

OFFICIAL SEAL
DEBORAH D'ATTOMO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/18/18

Commission Expires: 9.18.2018

/nm
12/16