

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

**2018**

**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:** 7/15/18

**PRESIDENT OR PRESIDING OFFICER:** Tammy Stack

**SECRETARY:** Pat Gira

**ADDRESS OF APPLICANT:** 17229 Doe Ln

Orland Park IL 60467

**ORGANIZATION  
REQUESTING LICENSE:** Baseball 14 All

**ADDRESS OF ORGANIZATION:** 17229 Doe Ln

Orland Park IL

**NAME AND ADDRESS  
OF RAFFLE  
MANAGER:** same

**PHONE** 708-369-3930

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

94 West Restaurant

**PURPOSE OF RAFFLE:** fund raiser

**TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:** Sept. 20<sup>th</sup>

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

**PRICE OF CHANCES:** 6/5 - **TOTAL PRIZE VALUE:** Split the pot **LARGEST SINGLE PRIZE:** \_\_\_\_\_

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

10:00

9/13/18

94 West, 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 \_\_\_\_\_ 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: 1 yr

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: \_\_\_\_\_

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 5

*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

Tammy Stauk  
Type or Print Name

Signature: mstauk

ATTEST:

Secretary:

Yaincia L Gira  
Type or Print Name

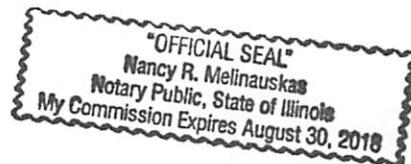
Signature: Patricia A. Gira

SUBSCRIBED AND SWORN TO

before me this 16<sup>th</sup>

day of July, 2018.

Nancy R. Melinauskas  
(Notary Public)



Commission Expires: Aug 30, 2018

