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	

2018
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: July 2, 2018

PRESIDENT OR PRESIDING OFFICER: Walter Bratcher

SECRETARY: Tracy Bratcher

ADDRESS OF APPLICANT: 17611 Haas Rd
Mokena, IL. 60448

ORGANIZATION REQUESTING LICENSE: Spirit of America

ADDRESS OF ORGANIZATION: 14810 S. LaGrange Rd.
Orland Park IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Kevin Bingham
14400 S. John Humphrey Dr, Ste 200, Orland Park, IL. 60462
PHONE 708-923-6312

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Orland Park Crossing, 143rd & LaGrange Rd, Orland Park, IL. 60462

PURPOSE OF RAFFLE: Fundraiser for Orland Township Food Pantry and Disabled Patriot Fund.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 3PM to 9PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: $5.00/EA 5/$20.00 **TOTAL PRIZE VALUE:** TBD **LARGEST SINGLE PRIZE:** TBD

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

9pm (Time) 8-25-18 (Date) Orland Park Crossing, 14225 95th Ave, Orland Park, 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** 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: 6-11-2013

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL,

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

6-11-2013 Not For Profit

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 0

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 WALTER A. BRATCHER
Type or Print Name

Signature: Walter A. Bratcher

ATTEST:

Secretary: Tracy Bratcher
Type or Print Name

Signature: Tracy Bratcher

SUBSCRIBED AND SWORN TO

before me this 13

day of JUNE, **20** 18.

Cheryl L Allen
(Notary Public)

OFFICIAL SEAL
CHERYL L ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 09-10-2019

Commission Expires: 9-10-19

/nm
1/18

OFFICIAL SEAL
CHERYL L ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 09-10-2019