

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: 7-20-17

PRESIDENT OR PRESIDING OFFICER: WALTER BRATCHER

SECRETARY: TRACY BRATZHER

ADDRESS OF APPLICANT: 17611 HAAS RD
MOKENA IL 60448

ORGANIZATION
REQUESTING LICENSE: SPIRIT OF AMERICA
C/O PARKWAY BANK

ADDRESS OF ORGANIZATION: 14345 S. LAGRANGE
ORLAND PARK - IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER: LYNN CIALDELLA
14345 S. LAGRANGE
ORLAND PARK IL 60462

PHONE 708-867-9167

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
ORLAND PARK CROSSING, 143RD + LAGRANGE RD, ORLAND PARK IL

PURPOSE OF RAFFLE: FUNDRAISER FOR ORLAND TOWNSHIP
FOOD PANTRY AND DISABLED VETERAN FUND

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 5PM to 9PM

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

\$ 5.00/EA.

PRICE OF CHANCES: 5/\$20⁰⁰ TOTAL PRIZE VALUE: TBD LARGEST SINGLE PRIZE: TBD

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

9PM
Time

9-16-17
Date

ORLAND PARK CROSSING
Location of Raffle Drawing (Address, City, State)

143RD + LAGRANGE, ORLAND PARK IL 60462

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: 8-11-2013

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL

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

8-11-13 - NOT FOR PROFIT

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 2

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:

Traa Bratcher
Type or Print Name

Signature:

Traa Bratcher

SUBSCRIBED AND SWORN TO

before me this 15th

day of 20, 2017.

[Signature]
(Notary Public)



Commission Expires: July 27, 2020