

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

2011
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: 2-17-11

PRESIDENT OR PRESIDING OFFICER: DEBORAH TRIPPIEDI

SECRETARY: JOSEPH TRIPPIEDI

ADDRESS OF APPLICANT: 220 S. MCGINTY ST
DIAMOND IL. 60416

ORGANIZATION REQUESTING LICENSE: OPERATION MOMS COOKIES NFP.

ADDRESS OF ORGANIZATION: 220 S. MCGINTY ST
DIAMOND IL. 60416

NAME AND ADDRESS OF RAFFLE MANAGER: LISA BROWN
7931 LAGUNA LN. ORLAND PK. 60462
PHONE 708-710-804

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: ORLAND PARK CIVIC CENTER 14750 RAVINIA ORLAND PARK, IL
PURPOSE OF RAFFLE: RAISE funds to support Operation MOMS COOKIES and ORLAND PARK FOOD PANTRY

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 6-9:30 PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000

PRICE OF CHANCES: \$1,000 each TOTAL PRIZE VALUE: \$1,000 LARGEST SINGLE PRIZE: \$25
6 for \$5.00

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

6-9:30 PM 4-15-11 ORLAND PARK CIVIC CENTER
Time Date Location of Raffle Drawing (Address, City, State)
14750 RAVINIA ORLAND PARK, IL

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: 4-5-2001 = 10 YEARS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 2205 MCGINTY DIAMOND IL 446.05

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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

DEBORAH TRIPPEDI
Type or Print Name

Signature:

Deborah f. Trippedi

ATTEST:

Secretary:

JOSEPH R. TRIPPEDI
Type or Print Name

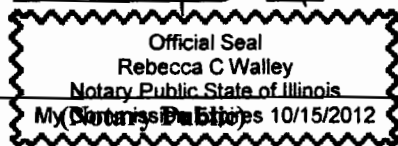
Signature:

Joseph R. Trippedi

SUBSCRIBED AND SWORN TO

before me this 17th

day of February, 2011.



Commission Expires: _____



Rebecca C. Walley