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

2011
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: 6-18-11

PRESIDENT OR PRESIDING OFFICER: Michelle Maxia

SECRETARY: Alma Fremarek

ADDRESS OF APPLICANT: 13726 Woodridge Ln Orland Park

ORGANIZATION REQUESTING LICENSE: Toy Box Connection Charity

ADDRESS OF ORGANIZATION: 15756 LaGrange Rd Suite 1 Orland Park

NAME AND ADDRESS OF RAFFLE MANAGER: Michelle Maxia 13726 Woodridge Ln Orland Park

PHONE 708 691-2715

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

PURPOSE OF RAFFLE: Fund Raise for Childrens Charity Toy Box Connection

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Duration of Taste of Orland

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1000 per prize

PRICE OF CHANCES: $1/$5 **TOTAL PRIZE VALUE:** $1,000 **LARGEST SINGLE PRIZE:** 500$

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

Duration of Taste, Aug 5-6-7th, Taste of Orland

Time — Date — Location of Raffle Drawing (Address, City, State)

Orland — Last Day

OVER

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: June 2008

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL June 9th 2008

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: president & All Volunteers

---

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 Michelle Maxiq
Type or Print Name

Signature: Michelle Maxiq

ATTEST:

Secretary: Alma Fremarek
Type or Print Name

Signature: Alma Fremarek

SUBSCRIBED AND SWORN TO

before me this third

day of July, 2011.

Ruta Grigas
(Notary Public)

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
RUTA GRIGAS
MY COMMISSION EXPIRES
MAY 16, 2015

Commission Expires: May 16, 2015

/nm
1/11