

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

2010
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:

4-15-10

PRESIDENT OR PRESIDING OFFICER:

Michelle Maxia

SECRETARY:

Tamara Bernecker

ADDRESS OF APPLICANT:

13726 Woodridge
Orland Park IL 60462

ORGANIZATION
REQUESTING LICENSE:

Toy Box Connection

ADDRESS OF ORGANIZATION:

Po Box 1146
Orland Park IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Lisa Brown
7931 Laguna Ln - Orland Park IL
60462
PHONE 708-710-8014

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

Orland Chateau - 14500 Lagrange Rd - Orland Park

PURPOSE OF RAFFLE:

raise funds to support Toy Box
Connection and the Orland Township food Pantry.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

6-9pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

1,000

PRICE OF CHANCES:

\$1 each
6 for \$5

TOTAL PRIZE VALUE:

\$1,000

LARGEST

SINGLE PRIZE:

\$25

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

6-9pm 4/28/10 Orland Chateau 14500 Lagrange Rd
Time Date Location of Raffle Drawing (Address, City, State) Orland Park **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: ILL June 9 2008

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 4

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 Maxia
Type or Print Name

Signature: *M Maxia*

ATTEST:
Secretary: TAMARA BEINECKER
Type or Print Name

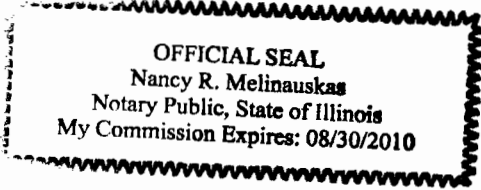
Signature: *T. A. Beinecker*

SUBSCRIBED AND SWORN TO

before me this 15th

day of April, 2010.

Nancy A. Melinauskas
(Notary Public)



Commission Expires: 8-30-10