

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

2016
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: 3-1-16

PRESIDENT OR PRESIDING OFFICER: JIM BIANCHI

SECRETARY: STEPHAINE BARTKOWSKI

ADDRESS OF APPLICANT: 14477 CREEK CROSSING DR
ORLAND PARK, IL 60462

ORGANIZATION REQUESTING LICENSE: ORLAND PARK CHARITABLE CORP

ADDRESS OF ORGANIZATION: P.O. Box 604
ORLAND PARK, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: JACK SANS
14477 CREEK CROSSING DR, OP
PHONE 708-829-4254

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: 11967 W. 143RD ST, ORLAND PARK - DAILY

PURPOSE OF RAFFLE: RAISE FUNDS FOR COMMUNITY ASSISTANCE

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: DAILEY

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: No Limit

PRICE OF CHANCES: \$1.00 TOTAL PRIZE VALUE: VARIES LARGEST SINGLE PRIZE: 100K 60/40 RAFFLE SPLIT

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED: 8:00 WEEKLY PADDY B's, 11967 W. 143RD ST **OVER**

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

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X 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: 52yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 60

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 *James Bianchi*
Type or Print Name

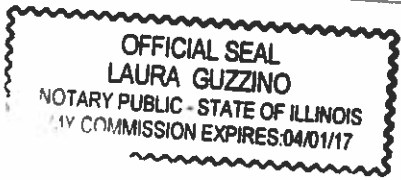
Signature: James Bianchi

ATTEST:
Secretary: Stephanie Bartkowski
Type or Print Name

Signature: Stephanie Bartkowski

SUBSCRIBED AND SWORN TO

before me this 1st
day of March, 2016.



Laura Guzzino
(Notary Public)

Commission Expires: 4-1-17