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

2017
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: MAY 12, 2017

PRESIDENT OR PRESIDING OFFICER: DAVE WAGNER

SECRETARY: BRENT WOODS

ADDRESS OF APPLICANT: 10767 163rd PL.
ORLAND PARK, IL 60467

ORGANIZATION REQUESTING LICENSE: DISABLED PATRIOT FUND

ADDRESS OF ORGANIZATION: 10767 163RD PL.
ORLAND PARK, IL 60467

NAME AND ADDRESS OF RAFFLE MANAGER: PHIL BELL
10767 163rd PL, O.P. 60467

PHONE 708-860-2355

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
MACKEY'S PUB, 9400 W. 143rd St. ORLAND PARK

PURPOSE OF RAFFLE: FUNDRAISER FOR DISABLED PATRIOT FUND ORGANIZATION, SPLIT WITH O.P. VETERANS COMMISSION.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: EVERY WEDNESDAY

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

PRICE OF CHANCES: $1 EACH. MORE TICKETS WITH HIGHER DONATIONS **TOTAL PRIZE VALUE:** ONGOING **LARGEST SINGLE PRIZE:** UNDETERMINED

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

8PM (Time) EVERY WEDNESDAY (Date) MACKEY'S PUB (Location of Raffle Drawing (Address, City, State))

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: 12 YRS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ORLAND PARK 2004

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 9

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 DAVE WAGNER
Type or Print Name

Signature: _____

ATTEST:

Secretary: BRENT WOODS
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 12th

day of May, **20** 17.

"OFFICIAL SEAL"
Nancy R. Melinauskas
Notary Public, State of Illinois
My Commission Expires August 30, 2018

Nancy R. Melinauskas
(Notary Public)

Commission Expires: Aug. 30, 2018

/nm
12/16