

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: 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 La Grange Rd Suptent
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 of Orland Aug 5-6-7th Taste of Orland
Time Date Location of Raffle Drawing (Address, City, State) 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 Maxia
Type or Print Name

Signature:

[Handwritten Signature]

ATTEST:

Secretary:

Alma Fremarek
Type or Print Name

Signature:

[Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this kind

day of July, 2011.

Ruta Grigas
(Notary Public)



Commission Expires: May 16, 2015