

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

2017

**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:

3/5/17

PRESIDENT OR PRESIDING OFFICER:

Lori Carroll

SECRETARY:

Lori Carroll

ADDRESS OF APPLICANT:

9131 Walnut Lane

Tinley Park IL 60487

ORGANIZATION
REQUESTING LICENSE:

MS Walk South Suburbs

ADDRESS OF ORGANIZATION:

9131 Walnut Lane

Tinley Park IL 60487

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Lori Carroll + Mike Carroll

9131 Walnut Lane Tinley Park IL 60487

PHONE 708-334-9190

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

Centennial Park - Orland Park

PURPOSE OF RAFFLE: Fundraising to support programs,

services + research for the MS Society

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

7:30 AM to 1 PM 5/2/17

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

800 - 1,000

PRICE OF CHANCES:

3/45

TOTAL PRIZE VALUE: \$5,000

LARGEST

SINGLE PRIZE: \$300

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

1 PM

5/7/17

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: Est 1946 Chapter 1952

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: 20,000

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

Lori Carroll
Type or Print Name

Signature:

Lori Carroll

ATTEST:

Secretary:

Type or Print Name

Signature:

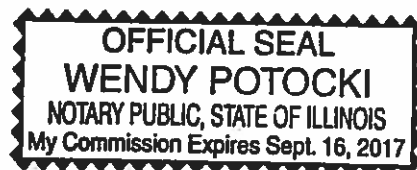
Lori Carroll

SUBSCRIBED AND SWORN TO

before me this 10

day of March, 2011.

Wendy Potocki
(Notary Public)



Commission Expires: 9/16/2014