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: 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 1pm 5/7/17

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 800 - 1,000

PRICE OF CHANCES: 3/$5 or $2 **TOTAL PRIZE VALUE:** $5,000 **LARGEST SINGLE PRIZE:** $300

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

1pm (Time) 5/7/17 (Date) _____ (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, 2016.

OFFICIAL SEAL
WENDY POTOCKI
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Sept. 16, 2017

Wendy Potocki
(Notary Public)

Commission Expires: 9/16/2014

/nm
12/16