**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**

# 2013
# 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:** 6-10-13

**PRESIDENT OR PRESIDING OFFICER:** FR. PAUL BURAK

**SECRETARY:** DEE PIETRZAK

**ADDRESS OF APPLICANT:** 8821 CLEARVIEW
ORLAND PK, IL 60462

**ORGANIZATION REQUESTING LICENSE:** ST. MICHAEL

**ADDRESS OF ORGANIZATION:** 14327 HIGHLAND
ORLAND PK 60462

**NAME AND ADDRESS OF RAFFLE MANAGER:** DEE PIETRZAK
8821 CLEARVIEW ORLAND PK 60462

**PHONE** 708-710-8033
708 873-4664 - WORK - ST. MICHAEL

**ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:**
14327 HIGHLAND

**PURPOSE OF RAFFLE:** FUNDRAISER FOR ST. MICHAEL PARISH

**TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:** THRU SEPT. 23, 2013

**MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:** 46,000

**PRICE OF CHANCES:** $20 **TOTAL PRIZE VALUE:** $21,000 **LARGEST SINGLE PRIZE:** $10,000

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

7:00 PM (Time) 9/22/13 (Date) ST. MICHAEL CHURCH 14327 HIGHLAND ORLAND PK 60462 (Location of Raffle Drawing (Address, City, State))

**OVER**

**CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION**

**Religious** X **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:** 130 YRS

**PLACE AND DATE OF INCORPORATION OF ORGANIZATION:** _____

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

ARCHDIOCESE OF CHICAGO

**NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE:** 14,612

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*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** FR. PAUL C. BURAK
Type or Print Name

**Signature:** F. Paul C Burak

**ATTEST:**

**Secretary:** DEE PIETRZAK
Type or Print Name

**Signature:** Dee Pietrzak

**SUBSCRIBED AND SWORN TO**

**before me this** 6TH

**day of** JUNE, 2013.

OFFICIAL SEAL
HELEN P MORAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/16/14

Helen P. Moran
**(Notary Public)**

**Commission Expires:** 8/16/14

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/nm
1/13