

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

2015
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: JUNE 2nd 2015

PRESIDENT OR PRESIDING OFFICER: RON KUS

SECRETARY: _____

ADDRESS OF APPLICANT: 15100 S. RAVINIA AVENUE
ORLAND PARK IL 60462

ORGANIZATION REQUESTING LICENSE: LAW ENFORCEMENT TORCH RUN FOR SPECIAL
OLYMPICS OF ILLINOIS

ADDRESS OF ORGANIZATION: 605 E. WILLOW STREET
NORMAL IL 61761

NAME AND ADDRESS OF RAFFLE MANAGER: RON KUS
15100 S. RAVINIA AVENUE ORLAND PARK IL
PHONE 708-364-4925

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

THROUGH OUT ORLAND PARK

PURPOSE OF RAFFLE: RAISE MONEY FOR SPECIAL OLYMPICS OF
ILLINOIS

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: JULY & AUGUST 2015

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

PRICE OF CHANCES: \$ 10.⁰⁰ TOTAL PRIZE VALUE: \$ 250.⁰⁰ LARGEST SINGLE PRIZE: \$ 250.⁰⁰

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

12:00pm Date 9/1/2015 Location of Raffle Drawing (Address, City, State) 15100 S. RAVINIA AVE, ORLAND PARK, IL OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X 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: 29 YEARS

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: ALL TOWNS MEET

WITH SPECIAL OLYMPICS IN FEBRUARY AND THEN HOLD FUNDRAISERS
THROUGH OUT THE YEAR

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: UNKNOWN

MEMBERS ARE POLICE DEPARTMENT EMPLOYEES, FAMILY MEMBERS AND 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

[Signature]
Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

Type or Print Name

Signature:

SUBSCRIBED AND SWORN TO

before me this _____

day of _____, 20____.

STATE ILLINOIS COUNTY COOK
SUBSCRIBED BEFORE ME 2ND DAY JUNE 2015
NOTARY PUBLIC Angela M. Burman

(Notary Public)



Commission Expires: _____