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: 1/5/18

PRESIDENT OR PRESIDING OFFICER: TAMMY STACK

SECRETARY:

ADDRESS OF APPLICANT: 17229 DOE LANE
ORLAND PK, IL 60467

ORGANIZATION REQUESTING LICENSE: BASEBALL 4 ALL

ADDRESS OF ORGANIZATION: SAME AS ABOVE

NAME AND ADDRESS OF RAFFLE MANAGER: Tammy Stack
17229 Doe Lane
Orland Park IL 60467
PHONE 708-369-3930

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
CIVIC CENTER - 14750 RAVINIA ORLAND PK, IL 60462

PURPOSE OF RAFFLE: FUND RAISER - BASEBALL 4 ALL

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 2/1/18 - 4-10pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: DNA

PRICE OF CHANCES: _____ **TOTAL PRIZE VALUE:** _____ **LARGEST SINGLE PRIZE:** _____

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

4-10pm (Time) 2/1/18 (Date) 14750 RAVINIA OP 60462 (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: 6 months

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: ≈ 12

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 Thomas L Jensen
Type or Print Name

Signature: Thomas Jensen

ATTEST:

Secretary: Patricia Gira
Type or Print Name

Signature: Patricia Gira

SUBSCRIBED AND SWORN TO

before me this 9th

day of January, 2018.

Alexandra Snodsmith
(Notary Public)

"OFFICIAL SEAL"
Alexandra Snodsmith
Notary Public, State of Illinois
My Commission Expires May 1, 2018

Commission Expires: May 1, 2018

/nm
1/18