

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

2010
**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:

3-25-10

PRESIDENT OR PRESIDING OFFICER:

Cynthia Esser

SECRETARY:

Donald Esser

ADDRESS OF APPLICANT:

8532 W. 145th St

Orland Park, IL 60462

ORGANIZATION
REQUESTING LICENSE:

Scottish Rite Learning Center

ADDRESS OF ORGANIZATION:

441 9th Ave

Lagrange, IL 60525

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Cynthia Esser

8532 W. 145th St

PHONE

708-364-0766

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

Orland Park, Lagrange, Addison

PURPOSE OF RAFFLE:

To benefit Scottish
Rite Learning Center

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

April 2010

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

400

PRICE OF CHANCES:

5.00

TOTAL PRIZE VALUE:

120.00

LARGEST
SINGLE PRIZE:

120.00

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

6:30
Time

April 29th
Date

441 9th Ave Lagrange, IL 60525
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: 10 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Lexington, CT 2000

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _____

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

Cynthia Esser
Type or Print Name

Signature:

Cynthia Esser

ATTEST:

Secretary:

Donald Esser
Type or Print Name

Signature:

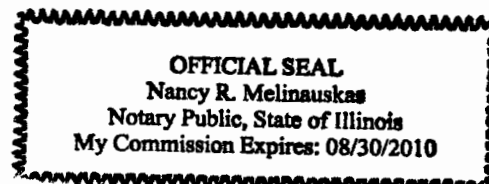
Donald Esser

SUBSCRIBED AND SWORN TO

before me this 25th

day of March, 2010.

Nancy R. Melinauskas
(Notary Public)



Commission Expires: 8-30-10