

**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: 6-1-15

PRESIDENT OR PRESIDING OFFICER: FR. PAUL BURAK

SECRETARY: DEE PIETRZAK

ADDRESS OF APPLICANT: 14327 HIGHLAND

ORLAND PK IL

**ORGANIZATION
REQUESTING LICENSE:** ST. MICHAEL

ADDRESS OF ORGANIZATION: 14327 HIGHLAND

ORLAND PK IL

**NAME AND ADDRESS
OF RAFFLE
MANAGER:**

DEE PIETRZAK

14327 HIGHLAND

PHONE: 349 0903

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

14327 HIGHLAND

PURPOSE OF RAFFLE: FUND RAISER FOR ST. MICHAEL
PARISH

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: TUES 9/27/15

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

PRICE OF CHANCES: \$20 **TOTAL PRIZE VALUE:** \$20,000.00 **LARGEST SINGLE PRIZE:** \$10,000.00

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

5:00 PM 9/27/2015 14327 HIGHLAND O.P. IL
Time 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: 147 years

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: 13,560

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 Burak

Type or Print Name

Signature: F. Paul Burak

ATTEST:

Secretary: Dee Pietrzak

Type or Print Name

Signature: Dee Pietrzak

SUBSCRIBED AND SWORN TO

before me this 2nd

day of June, 2015.

Helen P. Moran

(Notary Public)

Commission Expires: 9-23-18

