(To be completed by Village staff)

Date Approved: ______

Date Denied: ______

Approval: ______
Village Clerk

Expires: ______

APPROVED APPLICATION SERVES AS LICENSE

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

RECEIVED
JAN 25 2010
CLERK'S OFFICE

~~2009~~ 10

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: January 19, 2010

PRESIDENT OR PRESIDING OFFICER: Beth Ryan

SECRETARY: Sheila Staunton

ADDRESS OF APPLICANT: 14141 William Dr.
Orland PK, IL 60462

ORGANIZATION REQUESTING LICENSE: St michael School Advisory Board

ADDRESS OF ORGANIZATION: 14355 Highland Ave
Orland Park IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Peggy McIntyre
14141 William Dr. Orland PK

PHONE 708 403-2909

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
St. Michael School / Church

PURPOSE OF RAFFLE: To meet 2009/2010 school budget

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 2-01-10 2-27-10

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1000 tickets

PRICE OF CHANCES: $10.00 TOTAL PRIZE VALUE: all donated LARGEST SINGLE PRIZE: $2000.00

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

OVER

10:30pm 2-27-10 St. Michael School
Time Date Location of Raffle Drawing (Address, City, State)

All Prizes are [illegible]

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious X 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: >50 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

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 Elizabeth Ryan
Type or Print Name

Signature: Elizabeth Ryan

ATTEST:

Secretary: Sheila Staunton
Type or Print Name

Signature: Sheila Staunton

SUBSCRIBED AND SWORN TO

before me this 1/22/10

day of _____, 20__.

Official Seal
Joy L Olbrot
Notary Public State of Illinois
My Commission Expires 12/19/2012

_____
(Notary Public)

Commission Expires: 12/19/10

/nm
1/09

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Educational _____ **Veterans' Organization** _____ ***Non-Profit Fund Raising** _____

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Type or Print Name

Signature: Elizabeth Ryan

ATTEST:

Secretary: Sheila Staunton
Type or Print Name

Signature: Sheila Staunton

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Type or Print Name

Signature: Sheila Staunton

SUBSCRIBED AND SWORN TO

before me this 1/22/10

day of _____ **20** ____.

Official Seal
Joy L Olbrot
Notary Public State of Illinois
My Commission Expires 12/19/2012

_____
(Notary Public)

Commission Expires: 12/19/10

/nm
1/09