

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

10
2009

APPLICATION FOR LICENSE TO SELL

RAFFLE TICKETS

(This is a two-sided application)

JAN 25 2010

CLERK'S OFFICE

(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:

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 708403-2909

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

LARGEST

SINGLE PRIZE:

\$2000.00

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

10:30pm 2-27-10 St. Michael School

OVER

Time

Date

Location of Raffle Drawing (Address, City, State)

all prizes are to be drawn at a raffle

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: 750 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

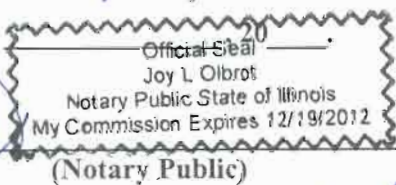
Signature:

Sheila Staunton

SUBSCRIBED AND SWORN TO

before me this 1/22/10

day of



Commission Expires: 12/19/10

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Type or Print Name

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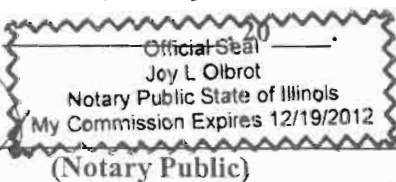
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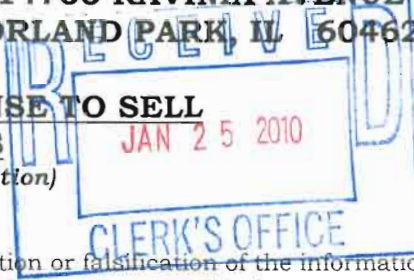
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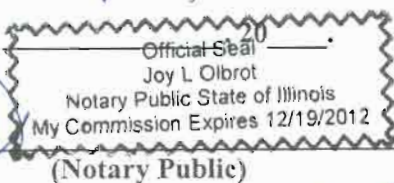
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