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

2012
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: 6-22-2012

PRESIDENT OR PRESIDING OFFICER: RON ARMSTRONG

SECRETARY: EDGAR PAHL

ADDRESS OF APPLICANT: 14360 S. HEATHER LN
HOMER GLEN, IL 60491

ORGANIZATION REQUESTING LICENSE: REBER-TESMOND MEMORIAL VFW 2604

ADDRESS OF ORGANIZATION: PO BOX 587
ORLAND PK., IL. 60462

NAME AND ADDRESS OF RAFFLE MANAGER: RON ARMSTRONG
14360 S. HEATHER LN. HOMEGLEN, IL. 60491

PHONE 708-301-9721

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

PURPOSE OF RAFFLE: RAISE FUNDS FOR VFW 2604

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: AUGUST 3, 4, 5

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

PRICE OF CHANCES: $1.00 EA. OR 6 for $5.00 **TOTAL PRIZE VALUE:** $180 **LARGEST SINGLE PRIZE:** $90.00

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

1700 AUGUST 5, 2012 TASTE OF ORLAND
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** X ***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: 39 YRS.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois 1973

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 150 APPROX.

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 RON ARMSTRONG
Type or Print Name

Signature: X _____

ATTEST:

Secretary: _____
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 22nd

day of June, 2012.

"OFFICIAL SEAL"
Nancy R. Melinauskas
Notary Public, State of Illinois
My Commission Expires August 30, 2014

Nancy R Melinauskas
(Notary Public)

Commission Expires: Aug 30, 2014

/nm
1/12