

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

2017
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:

August 17, 2017

PRESIDENT OR PRESIDING OFFICER:

Fr. Miguel Flores

SECRETARY:

Paty Bentez

ADDRESS OF APPLICANT:

14327 Highland Av
Orland Park

ORGANIZATION
REQUESTING LICENSE:

Saint Michael Church

ADDRESS OF ORGANIZATION:

14327 Highland Av
Orland Park

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Fr. Miguel Flores
14327 Highland Av
708-873-4613

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

Saint Michael Parish

PURPOSE OF RAFFLE: Fundraiser for Panama Trip 2019 for the
Youth Group World Conference with the Pope

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 2 months

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: 1 TOTAL PRIZE VALUE: _____
LARGEST SINGLE PRIZE: ✓

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

7:00 pm October 14 Saint Michael Church
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: 150 Years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: ILLINOIS

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

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

Type or Print Name

Nancy Melinauskas

Signature:

ATTEST:

Secretary:

Type or Print Name

Patricia Lentz

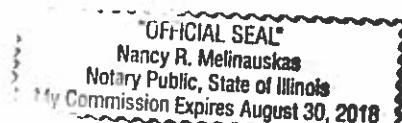
Signature:

Patricia Lentz

SUBSCRIBED AND SWORN TO

before me this 8th

day of Aug, 2017.



Nancy R. Melinauskas
(Notary Public)

Commission Expires: Aug 30, 2018