

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

2011
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: December 15, 2011

PRESIDENT OR PRESIDING OFFICER: Edward Schussler

SECRETARY: Jill Garrett

ADDRESS OF APPLICANT: 10429 Crown Drive
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: Kiwanis Club of Orland Park
c/o E. Kenneth Friker, Registered Agent

ADDRESS OF ORGANIZATION: 17114 Deer Creek Drive, Orland Park, IL 60467

NAME AND ADDRESS OF RAFFLE MANAGER: Gerald Stoiber

19324 MIDLAND MOKENA IL 60448
PHONE 708-479-5340

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

PURPOSE OF RAFFLE: Charity

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: one (1) year

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: \$5,000

PRICE OF CHANCES: \$1 TOTAL PRIZE VALUE: \$1,000 LARGEST SINGLE PRIZE: \$1,000

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
6:30 p.m. Weekly Orland Park Divic Center, Orland Park, Illinois
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ 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: 32 years _____

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois 9/13/1979

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 30

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 Edward Schussler
Type or Print Name

Signature: *Edward B Schussler*

ATTEST:
Secretary: Jill Garrett
Type or Print Name

Signature: *Jill Garrett*

SUBSCRIBED AND SWORN TO

before me this 20th

day of December, 2011.

E Kenneth Friker
(Notary Public)



Commission Expires: _____