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

2012 APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a two-sided application)

(To be comp	oleted by Village staff)
Date Approved:	
Date Denied:	
Approval:	Village Clerk
Expires:	
	ED APPLICATION S 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.~

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	UNDERSIGNED ORGANIZATION OFFICERS RSONS SUBMITTING APPLICATION)
DATE OF APPLICATION:	5/23/12
PRESIDENT OR PRESIDING OFFIC	ER: Kelory D Putnan
SECRETARY:	Rene Oswald
ADDRESS OF APPLICANT:	8799 W. 151st Street
	Orland Park, IL 60462
ORGANIZATION REQUESTING LICENSE:	Orland Park area Chamber of Commen
ADDRESS OF ORGANIZATION:	8799 W. 151st Street
ADDRESS OF ORGINALIZATION	Orland Paul, IL 60462
NAME AND ADDRESS OF RAFFLE MANAGER:	ABOVe
	PHONE 708-349-2972
ADDRESS OF PLACE(S) OR AREA(S	S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
PURPOSE OF RAFFLE: Flind Ones Chamber	Daiser for Orland Port
TIME PERIOD WHICH RAFFLE CHAN	CES WILL BE SOLD OR ISSUED: 6/21/12 8AM-6pm
MAXIMUM NUMBER OF RAFFLE CHA	INCES TO BE SOLD OR ISSUED:
PRICE OF CHANCES: 5\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AL PRIZE VALUE: 6000 SINGLE PRIZE: 300
TIME, DATE AND LOCATION WHERE	WINNING RAFFLE CHANCE WILL BE DETERMINED: OVER
Lopm 6/21/12	Silver Lake Cocentry Clab Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION Religious ____ Charitable ____ Labor ___ Fraternal ___ 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: 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** Signature: ATTEST: Secretary: Type or Print Name Signature: SUBSCRIBED AND SWORN TO before me this "OFFICIAL SEAL" Nancy R. Melinauskas Notary Public, State of Illinois My Commission Expires August 30, 2014

Commission Expires: ____ 8-30-14