Year: 2020

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

APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a two-page 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: 03/02/2020

PRESIDENT OR PRESIDING OFFICER: Randy Nicholson

SECRETARY: Don Ward

ADDRESS OF APPLICANT: 11605 Blackburn Dr
Orland Park, Ic 60467

ORGANIZATION REQUESTING LICENSE: Knights of Columbus
Council # 10858 & Council # 16369

ADDRESS OF ORGANIZATION: 14327 Highland Ave
15050 Wolf Rd
Orland Park, Ic 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Lonnie Johnson
14325 Creek Crossing Dr
Orland Park, Ic 60467

PHONE 708-370-4226

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
Papa Joe's 14459 S. LaGrange Rd Orland Park

PURPOSE OF RAFFLE: Raise funds for charitable distributions.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Weekly

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

PRICE OF CHANCES: 6 for $5, 13 for $10, 27 for $20 **TOTAL PRIZE VALUE:** progessive **LARGEST SINGLE PRIZE:** $50,000

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
8:00PM Friday Weekly Papa Joe's 14459 S. LaGrange Rd Orland Park, 60462

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** _____ **Labor** _____ **Fraternal** X **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: Council #10858 - 27yr. Council #16369 - 44yr.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: Catholic Fraternal service organization founded in 1882

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 100

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 Randall Nicholson
Type or Print Name

Signature: _____

ATTEST:

Secretary: Don Ward
Type or Print Name

Signature: Don Ward

SUBSCRIBED AND SWORN TO

before me this _____

day of _____, 20____.

_____
(Notary Public)

Commission Expires: _____

/as
11/18