## 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 com	pleted 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 31, 2017		
PRESIDENT OR PRESIDING OFFICER: dobi Ross		
SECRETARY: Joyce Bibeau		
ADDRESS OF APPLICANT: U8199 W 151 - Street		
_ Orland park, 16. Ceoter		
ORGANIZATION REQUESTING LICENSE: Orlard Park Area Chamber of Commerce		
ADDRESS OF ORGANIZATION: 8799 W. 15734 Street		
Olland Jark, 11. 60462		
NAME AND ADDRESS OF RAFFLE  Felicital Carter		
MANAGER: 8799 W. 151st Street, Or Izrl Pk.		
PHONE 708-349-2972		
ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:		
Carl Sandburg High School 13300 S. Lagrange Rd		
PURPOSE OF RAFFLE: FUNDESSE FOR Chamber		
TIME PERIOD WHICH BAFFLE CHANCES WILL BE SOLD OR ISSUED: 9km - 10 M		
TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: [RWL ~ 1 P IV]		
MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:		
PRICE OF CHANCES: 10 TOTAL PRIZE VALUE: 250 SINGLE PRIZE: 250		
TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:  OVER		
Time Date 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: 450 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: Signature: SUBSCRIBED AND SWORN TO before me this "OFFICIAL SEAL" Nancy R. Melinauskas Notary Public, State of Illinois My Commission Expires August 30, 2018

**Commission Expires:**