

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____
Village Clerk

Expires: _____

APPROVED APPLICATION
SERVES AS LICENSE

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

2013

**APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS**

(This is a two-sided 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: 8/23/2013

PRESIDENT OR PRESIDING OFFICER: Walter Bratcher

SECRETARY: Tracy Flake

ADDRESS OF APPLICANT: 17611 Haas Rd.
Mokena, IL 60448

ORGANIZATION
REQUESTING LICENSE: Spirit of America Carshow's Drive-in

ADDRESS OF ORGANIZATION: 17611 Haas Rd.
Mokena, IL 60448

NAME AND ADDRESS
OF RAFFLE
MANAGER: Tracy Flake
17611 Haas Rd. Mokena, IL
PHONE (815)403-8857

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: Orland Square Mall 288 Orland Square Dr. Orland Square

PURPOSE OF RAFFLE: Raise money for Orland
township food pantry

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 9/1/13 - 3:30pm - 7pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1000

PRICE OF CHANCES: \$1 or 6/\$5 LARGEST
TOTAL PRIZE VALUE: 50/50 SINGLE PRIZE: \$100

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

1pm
Time

9/7/13
Date

Orland Mall 288 Orland Square Dr.
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: 4 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: May 2013

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 0

*own business in Orland

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

WALTER A. BRATCHER
Type or Print Name

Signature:

Walter A. Bratcher

ATTEST:

Secretary:

Tracy Hale
Type or Print Name

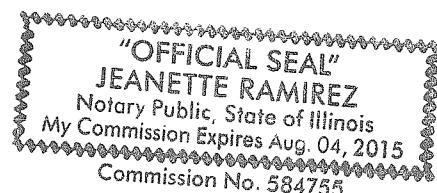
Signature:

Tracy Hale

SUBSCRIBED AND SWORN TO

before me this 28th

day of Aug, 2013.



Jeanette Ramirez
(Notary Public)

Commission Expires: _____