

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

2019
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: 2/7/19

PRESIDENT OR PRESIDING OFFICER: Jim Pacetti

SECRETARY: Jim Rybolt

ADDRESS OF APPLICANT: 4633 W. 98th PL.
Oak Lawn, IL. 60453

ORGANIZATION REQUESTING LICENSE: IL COPS - Cycle Across Illinois

ADDRESS OF ORGANIZATION: PO Box 312
Sherman, IL. 62684

NAME AND ADDRESS OF RAFFLE MANAGER: Scott Shuster
360 Nevada St. Frankfort

PHONE: 815-260-7276

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: 14750 Ravinia Ave. Orland Park, IL. 60462

PURPOSE OF RAFFLE: Fundraiser

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 1800-2300 hrs, 3/8/19

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 3,000

PRICE OF CHANCES: \$1.00 TOTAL PRIZE VALUE: \$4,000 LARGEST SINGLE PRIZE: \$500

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
2300 hrs. 3/8/19 14750 Ravinia Ave Orland Park, IL. OVER

Time Date Location of Raffle Drawing (Address, City, State)

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: 15 yrs.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 4/2005, Springfield, IL.

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

Organized by Police Officers and surviving members of officers killed in the line of duty.

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 5

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 Jim Pacetti
Type or Print Name

Signature: Jim Pacetti

ATTEST:

Secretary: Jim Rybolt
Type or Print Name

Signature: James Rybolt

SUBSCRIBED AND SWORN TO

before me this _____

day of _____, 20____.

(Notary Public)

Commission Expires: _____