

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

2015
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: August 26, 2015

PRESIDENT OR PRESIDING OFFICER: DONALD VACHA

SECRETARY: ~~Sue Vach~~ Pat Duffy

ADDRESS OF APPLICANT: 13300 SLA GRANGE RD
ORLAND PARK, IL 60462

ORGANIZATION REQUESTING LICENSE: CARL SANDKING HS Music Boosters

ADDRESS OF ORGANIZATION: 13300 SLA GRANGE RD
ORLAND PARK IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: CHRIS BABCOCK c/o Music Boosters
13300 SLA GRANGE RD ORLAND PARK ILL 60462

PHONE 708-932-9290

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:

CARL SANDKING HIGH SCHOOL, 13300 SLA GRANGE RD ORLAND PARK

PURPOSE OF RAFFLE: a fundraiser for the Music Boosters/ students
whose funds needs not covered by School Budget

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 8/27-12/31/2015

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

PRICE OF CHANCES: \$10 TOTAL PRIZE VALUE: \$2000 LARGEST SINGLE PRIZE: \$100

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

January 19, 2016 7:00 PM ORLAND PARK HS 13300 SLA GRANGE RD OR Room E113
Time Date Location of Raffle Drawing (Address, City, State) OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X 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: 20+ years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Springfield IL

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

sole

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 300+

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

Donald P. Vacha
Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

Patrick Duffy
Type or Print Name

Signature:

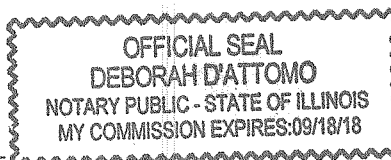
[Signature]

SUBSCRIBED AND SWORN TO

before me this 27th

day of August, 2015

Deborah D'Atto
(Notary Public)



Commission Expires: 9-18-18