

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

2010
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: 10-27-2010

PRESIDENT OR PRESIDING OFFICER: Michelle Maxia

SECRETARY: Alma Fremarek

ADDRESS OF APPLICANT: 13726 Woodridge Ln
Orland Park IL 60462

ORGANIZATION REQUESTING LICENSE: Toy Box Connection

ADDRESS OF ORGANIZATION: Same AS ABOVE

NAME AND ADDRESS OF RAFFLE MANAGER: Lisa Brown

7931 Laguna Ln - Orland Park IL
60462
PHONE 708-710-8014

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

Orland Park Civic Center 14750 Ravinia Orland Park IL

PURPOSE OF RAFFLE: raise funds to support Toy Box Connection and PAWS.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 6-9³⁰ pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000

PRICE OF CHANCES: \$1 each TOTAL PRIZE VALUE: \$1,000 LARGEST SINGLE PRIZE: \$25
6 for \$5

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

6-9³⁰ pm 12/3/10 Orland Park Civic Center 14750 Ravinia - Orland Park 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: June 2008
PLACE AND DATE OF INCORPORATION OF ORGANIZATION: IL - June 9, 2008
IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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

Michelle MAXIA
Type or Print Name

Signature:

M. Maxia

ATTEST:

Secretary:

TAMARA Bernacker
Type or Print Name

Signature:

Tamara Bernacker

SUBSCRIBED AND SWORN TO

before me this 27th
day of October, 2010.

M. Wallace
(Notary Public)

OFFICIAL SEAL
M WALLACE
NOTARY PUBLIC-STATE OF ILLINOIS
MY COMMISSION EXPIRES 4/8/2014

Commission Expires: _____