

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)

(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: _____ for Sept 20 2013 event

PRESIDENT OR PRESIDING OFFICER: Joan Hallgren

SECRETARY: Kathy Davey

ADDRESS OF APPLICANT: 14615 Oakley Avenue
Orland Park IL 60462

ORGANIZATION REQUESTING LICENSE: PARK LAWN SERVICES

ADDRESS OF ORGANIZATION: 10833 South La Porte
Oak Lawn IL 60453

NAME AND ADDRESS OF RAFFLE MANAGER: Joan Hallgren
14615 Oakley Ave Orland Park 60462

PHONE 708 460 2996

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

Orland Park Civic Center

PURPOSE OF RAFFLE: To benefit Park Lawn Services where

Joan Hallgren attends daily workshop for disabled persons

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 7-10 PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 300

PRICE OF CHANCES: \$1.00 TOTAL PRIZE VALUE: \$300.00 LARGEST SINGLE PRIZE: \$50.00

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

9:30 PM SEPT 20th Orland Park Civic Center

Time Date 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: since 1955

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Oak Lawn

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _____

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

JONATHAN PERRY
Type or Print Name

Signature:

[Handwritten Signature]

ATTEST:

Secretary:

BONNIE PRICE
Type or Print Name

Signature:

[Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 17th
day of July, 2013.



[Handwritten Signature]
(Notary Public)

Commission Expires: 7-13-16