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

**2011
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
Expire:	_____
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) 403-8150.

~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: July 12, 2011

PRESIDENT OR PRESIDING OFFICER: Kenneth Hobby

SECRETARY: Jennifer Crompt

ADDRESS OF APPLICANT: 925 BUSSE RD.

EIK GROVE VILLAGE, IL 60007

ORGANIZATION REQUESTING LICENSE: Families of SMA

ADDRESS OF ORGANIZATION: 925 BUSSE RD.

EIK GROVE VILLAGE, IL 60007

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Manel Salah

15732 Liberty Ct Orland Park IL 60462
PHONE 708-785-3977

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

Centennial Park in Orland Park

PURPOSE OF RAFFLE: to raise money for the non-profit

organization Families with SMA

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 5pm - 9pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: no limit

PRICE OF CHANCES: \$1 TOTAL PRIZE VALUE: _____ LARGEST SINGLE PRIZE: \$200.00 *minimum will*

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

7:45pm 7-30-11 Centennial Park @ the time of event OVER
Time Date Location of Raffle Drawing (Address, City, State)
Orland Park, IL

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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: 27 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 1984 - Illinois

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

KENNETH HOBBS
Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

Tennifer Choput
Type or Print Name

Signature:

[Signature]

SUBSCRIBED AND SWORN TO

before me this 13th

day of July, 2011.

[Signature]
(Notary Public)

Commission Expires: 09/15/14

