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

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____
Village Clerk

Expires: _____

APPROVED APPLICATION SERVES AS LICENSE

2012
APPLICATION FOR LICENSE TO SELL RAFFLE TICKETS

(This is a two-sided application)

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: 5-9-12

PRESIDENT OR PRESIDING OFFICER: PAUL O'GRADY

SECRETARY: CINDY MURRAY

ADDRESS OF APPLICANT: 14807 RAVINIA
ORLAND PARK, IL 60462

ORGANIZATION REQUESTING LICENSE: ORLAND TOWNSHIP FOOD & PET PANTRY

ADDRESS OF ORGANIZATION: 14807 RAVINIA
ORLAND PARK, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: MARIANNE HILL
14807 RAVINIA, ORLAND PARK

PHONE 708-403-4222

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED:
14807 RAVINIA, ORLAND PARK, IL 60462

PURPOSE OF RAFFLE: FUND RAISER FOR ORLAND TOWNSHIP PET PANTRY

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: SAT. JUNE 16, 2012
12:00 PM - 3:00 PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: 6 for $5.00 ~~$1.00 ea~~ **TOTAL PRIZE VALUE:** _____ **LARGEST SINGLE PRIZE:** _____

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

12:00PM-3:00 PM (Time) 6/16/12 (Date) 14807 RAVINIA, ORLAND PK IL (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: Food Pantry 1983

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: —

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 Paul O'Grady
Type or Print Name

Signature: _____

ATTEST:

Secretary: Cindy M. Murray
Type or Print Name

Signature: Cindy M. Murray

SUBSCRIBED AND SWORN TO

before me this 16

day of May, **20** 12.

Linda J. Bucsis
(Notary Public)

Commission Expires: 11-3-12

/nm
1/12