

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

2016
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: May 12, 2016
PRESIDENT OR PRESIDING OFFICER: Don Vacha
SECRETARY: Pat Duffy
ADDRESS OF APPLICANT: 13300 S LaGrange RD
ORLAND PARK, IL 60462
ORGANIZATION REQUESTING LICENSE: CARL SANDBURG MUSIC BOOSTERS
ADDRESS OF ORGANIZATION: 13300 S LaGrange RD
ORLAND PARK IL 60462
NAME AND ADDRESS OF RAFFLE MANAGER: ELISE WETHEIMER
9540 W 144TH PL ORLAND PARK IL 60462
PHONE 708-207-8085

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

Taste of Orland Park at CSMB booth
PURPOSE OF RAFFLE: Fund Raiser for Music Programs.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 8/5-7/2016

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

PRICE OF CHANCES: \$1 TOTAL PRIZE VALUE: \$500 LARGEST SINGLE PRIZE: \$500

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

8/6 8/7/16 Taste of Orland Park OVER
Time Date Location of Raffle Drawing (Address, City, State) at booth for CSMB

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business _____
Educational _____ Veterans' Organization _____ *Non-Profit Fund Raising X

*(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: 25+

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 400+

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 DON VACHA
Type or Print Name

Signature: [Signature]

ATTEST:
Secretary: PAT DUFFY
Type or Print Name

Signature: [Signature]

SUBSCRIBED AND SWORN TO

before me this 13th

day of May, 2016.

[Signature]
(Notary Public)



Commission Expires: 12-6-17