

**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 Nehmeier  
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:

86 8/7/16  
Time Date

Location of Raffle Drawing (Address, City, State)

Taste of Orland Park OVER  
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

*\*(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: Don Vacha

ATTEST:

Secretary:

Pat Duffy  
Type or Print Name

Signature: Pat Duffy

SUBSCRIBED AND SWORN TO

before me this 13th

day of May, 2016.

Elizabeth Alfaro  
(Notary Public)



Commission Expires: 12-6-17