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

2017
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: June 28, 2017

PRESIDENT OR PRESIDING OFFICER: Terrence Hancock

SECRETARY: Roberta Lester

ADDRESS OF APPLICANT: 14551 S. Ravinia, Ste. 2B
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: In Search of a Cure

ADDRESS OF ORGANIZATION: 14551 S. Ravinia, Ste. 2B
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Roberta Lester
14551 S. Ravinia, Ste. 2B, Orland Park, IL 60462
PHONE 630-887-4141

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

Silver Lakes Country Club

PURPOSE OF RAFFLE: Raise funds for charitable purposes.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: July 27, 2017

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

PRICE OF CHANCES: Various **TOTAL PRIZE VALUE:** $20,000 **LARGEST SINGLE PRIZE:** $10,000

OVER

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
Time 7:00 pm Date July 27, 2017 Location of Raffle Drawing (Address, City, State) Silver Lakes Country Club

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** ___XX_ **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: 9 Years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____Illinois 4/16/08

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

_____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _1_____

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 **Terrence Hancock**
Type or Print Name

Signature: _____

ATTEST:

Secretary: **Roberta Lester**
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 27th

day of June, 2017.

OFFICIAL SEAL
NANCY J DIGIOVANNI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/18/21

_____
(Notary Public)

Commission Expires: 1/18/21

/nm
12/16