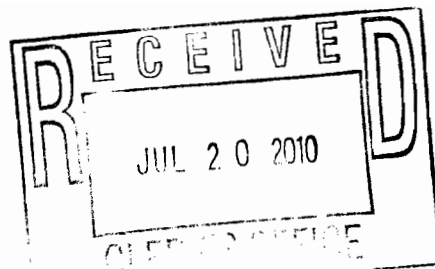


VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462



2010

**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 June, 2010

PRESIDENT OR PRESIDING OFFICER: Jennifer Escalantes

SECRETARY: Sara Schwanke

ADDRESS OF APPLICANT: 8822 Juniper Ct, Orland Park, IL 60462

ORGANIZATION

REQUESTING LICENSE: NightBlue Performing Arts Company

ADDRESS OF ORGANIZATION: 11976 Holly Ct, Lemont, IL 60439

NAME AND ADDRESS

OF RAFFLE JoAnn Robertson, 8822 Juniper Ct, Orland Park, IL 60462

MANAGER:

PHONE 708 557-0475

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

Orland Bowl, 8601 W. 159th St., Orland Park, IL 60462

PURPOSE OF RAFFLE: fundraiser to support the work of NightBlue Performing Arts Company, a 501C3 not for profit theater company

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 9:30-11:30 Sept 25, 2010 at a Cosmic Bowl party

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: \$750

LARGEST

PRICE OF CHANCES: \$1.00 TOTAL PRIZE VALUE: about \$500 (items, not cash) SINGLE PRIZE: average \$40

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

OVER

11:30 pm Orland Bowl, 8601 W. 159th St., Orland Park, IL 60462

Time Date Location of Raffle Drawing (Address, City, State)

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____

Village Clerk

Expires: _____

APPROVED APPLICATION SERVES AS LICENSE

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH

DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business x (theater company)

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: 5 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 2006/Lemont, IL
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

Type or Print Name

Signature:

Jennifer Escalante

ATTEST:

Secretary:

Type or Print Name

Signature:

SARA SCHWANE

SUBSCRIBED AND SWORN TO

before me this

day of

June

28th,

2010.

Barbara F. Dunigan

(Notary Public)

Commission Expires:

Sept. 25, 2010

/nm

1/10

