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

2016
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: 6-14-16

PRESIDENT OR PRESIDING OFFICER: GENE MONTALBANO

SECRETARY: _____

ADDRESS OF APPLICANT: 7216 W. 153rd St. O.P. IL 60462

ORGANIZATION REQUESTING LICENSE: ORLAND MEMORIAL POST #111 AMERICAN LEGION

ADDRESS OF ORGANIZATION: 15045 WEST AVE or P.O. Box 413 Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: GENE MONTALBANO 7216 W 153rd ST. O.P. IL 60462

PHONE 708-268-4363

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

TASTE of ORLAND and at POST (15045 WEST AVE) GEORGE BROWN VET. SRV. CTR.

PURPOSE OF RAFFLE: RAISE FUNDS FOR POST OPERATIONS, INS., UNIFORMS, MAINT. of UNIFORMS, RIFLES, AMMUNITION

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: July 1st To Sept 27, 2016

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 6,000

PRICE OF CHANCES: $1.00 ea or 6 for $5.00 **TOTAL PRIZE VALUE:** $500.00 **LARGEST SINGLE PRIZE:** $250.00

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

7:00 PM (Time) 9/28/16 (Date) 15045 WEST AVE. Orland PK, IL 60462 (Location of Raffle Drawing (Address, City, State)) G.B.V.S.C.

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ **Charitable** _____ **Labor** _____ **Fraternal** _____ **Business** _____

Educational _____ **Veterans' Organization** X ***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: _____

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: 150+ About

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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 GENE MONTALBANO
Type or Print Name

Signature: _____

ATTEST:

Secretary: DR. RICHARD BALTON
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 15th

day of June, 2016.

OFFICIAL SEAL
JASON DREHER
Notary Public - State of Illinois
My Commission Expires Jul 10, 2018

_____
(Notary Public)

Commission Expires: ~~7/10/14~~ 7/10/18

/nm
11/15