

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: 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 on 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. Serv. 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 9/28/16 15045 West Ave. Orland PK, IL 60462
Time Date 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

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:

Gene Montalbano

ATTEST:

Secretary:

DR. RICHARD BALTON

Type or Print Name

Signature:

Dr. Richard Balton

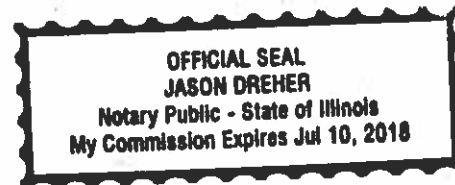
SUBSCRIBED AND SWORN TO

before me this 15th

day of June, 2016.

[Signature]

(Notary Public)



Commission Expires:

7/10/17 7/10/18