

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

2019
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:

03/07/2019

PRESIDENT OR PRESIDING OFFICER:

RANDY NICHOLSON

SECRETARY:

DON WARD

ADDRESS OF APPLICANT:

11605 BLACKBURN DR.

ORLAND PARK, IL 60467

ORGANIZATION

REQUESTING LICENSE:

Knights of Columbus

Council # 10858 and Council # 16369

14327 Highland Ave

ADDRESS OF ORGANIZATION:

15050 Wolf Rd

ORLAND PARK, IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

LONNIE JOHNSON

14325 Creek Crossing Dr.

ORLAND PARK, IL 60467

PHONE 708-370-4226

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

PAPA JOE'S 14459 S. LA GRANGE RD ORLAND PARK

PURPOSE OF RAFFLE: Raise funds for charitable

distributions.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: WEEKLY

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

6 for \$5

PRICE OF CHANCES: 26 for \$20 TOTAL PRIZE VALUE: progressive LARGEST SINGLE PRIZE: \$50,000

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

8:00 Friday Weekly PAPA JOE'S 14459 S. LA GRANGE RD.

Time

Date

Location of Raffle Drawing (Address, City, State)

ORLAND PARK 60462

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal X 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: COUNCIL 10858 - 26 yr.
COUNCIL 16369 - 3 yr.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: Catholic Fraternal
SERVICE organization founded in 1882.

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 100

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

RANDALL NICHOLSON
Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

DON WARD
Type or Print Name

Signature:

Donald J Ward

SUBSCRIBED AND SWORN TO

before me this 7th

day of march, 2019.

Karen M. Loconti
(Notary Public)



Commission Expires: march 14, 2022