

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)

(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:

5/31/10

PRESIDENT OR PRESIDING OFFICER:

Mary Doody

SECRETARY:

Tim Doody

ADDRESS OF APPLICANT:

8538 Fir Street

Orland Park, IL 60462

**ORGANIZATION
REQUESTING LICENSE:**

The For Julie Foundation, Inc.

ADDRESS OF ORGANIZATION:

P.O. Box 2052

Orland Park, IL 60462

**NAME AND ADDRESS
OF RAFFLE
MANAGER:**

Mary Doody

8538 Fir St., Orland Park, IL 60462

PHONE 708-349-7494

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

Orland Park Civic Center

PURPOSE OF RAFFLE: Raising funds for leukemia research.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 7/23/10 - 6:00-10:00 pm.

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000 TV Raffle
4,000 Price Raffle

PRICE OF CHANCES: TV Raffle - 1 for \$5.00
3 for \$10.00
TOTAL PRIZE VALUE: UNDER \$2,000
LARGEST SINGLE PRIZE: PRICE OF TV.
PRICE RAFFLE: \$1.00/EACH

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

9:00 pm 7/23/10 14750 S. Ravinia Ave, Orland Park, IL 60462 OVER
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X 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: 7 1/2 yrs.
1/20/03

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park, IL

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: N/A

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 6 Board Members

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

Mary Doody
Type or Print Name

Signature:

Mary Doody

ATTEST:

Secretary:

TIMOTHY DOODY
Type or Print Name

Signature:

Timothy Doody

SUBSCRIBED AND SWORN TO

before me this 8th

day of June, 2010.

Nancy R. Melinauskas
(Notary Public)

Commission Expires: 8-30-10

