

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

2017
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: 1/5/18

PRESIDENT OR PRESIDING OFFICER: TAMMY STACK

SECRETARY: _____

ADDRESS OF APPLICANT: 17229 DOE LANE
ORLAND PK, IL 60467

ORGANIZATION REQUESTING LICENSE: BASEBALL 4 ALL

ADDRESS OF ORGANIZATION: SAME AS ABOVE

NAME AND ADDRESS OF RAFFLE MANAGER: Tammy Stack
17229 Doe Lane
Orland Park IL 60467
PHONE 708-369-3930

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

CIVIC CENTER - 14750 RAVINIA ORLAND PK, IL 60462

PURPOSE OF RAFFLE: FUNDRAISER - BASEBALL 4 ALL

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 2/1/18 - 4-10pm

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

PRICE OF CHANCES: _____ TOTAL PRIZE VALUE: _____ LARGEST SINGLE PRIZE: _____

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

4-10pm 2/1/18 14750 RAVINIA OP 60462 **OVER**
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable 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: 6 months

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: ~ 12

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

Thomas Jensen
Type or Print Name

Signature:

Thomas Jensen

ATTEST:

Secretary:

Patricia Gira
Type or Print Name

Signature:

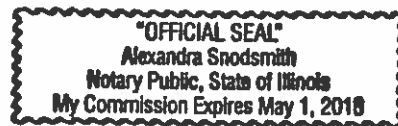
Patricia Gira

SUBSCRIBED AND SWORN TO

before me this 9th

day of January, 2018.

Alexandra Snodsmith
(Notary Public)



Commission Expires: May 1, 2018