

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

2015
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: 9/14/15
PRESIDENT OR PRESIDING OFFICER: Paul Grimes, Village Manager
SECRETARY: _____
ADDRESS OF APPLICANT: 14600 Ravinia Ave.
Orland Park, IL 60462
ORGANIZATION REQUESTING LICENSE: Village of Orland Park Recreation Dept.
ADDRESS OF ORGANIZATION: 14600 Ravinia Ave.
Orland Park, IL 60462
NAME AND ADDRESS OF RAFFLE MANAGER: Irene Buikema
Recreation Dept.
PHONE 403-7275 ext 6280

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: Orland Park Cultural Center, 14760 Park Lane, O.P.
PURPOSE OF RAFFLE: IMPROV raffle to benefit the IMPROV program

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 8:00-10:00 pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500

PRICE OF CHANCES: \$3 for 5 or \$1 ea. TOTAL PRIZE VALUE: Varies LARGEST SINGLE PRIZE: \$500

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

8-10 pm, Oct 23, Nov. 20, 2015 Cultural Center, 14760 Park Lane
Time Date Location of Raffle Drawing (Address, City, State)
Sept 25, OVER O.P.

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business X Rec Program Even
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: _____

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: _____

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 Paul G. Grimes
Village Manager

Signature: *Paul G. Grimes*
Type or Print Name

ATTEST:

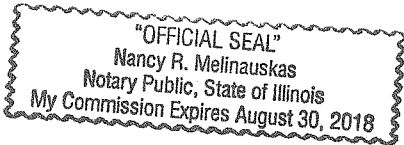
Secretary: _____
Type or Print Name

Signature: _____

SUBSCRIBED AND SWORN TO

before me this 17th
day of Sept, 2015.

Nancy R. Melinauskas
(Notary Public)



Commission Expires: Aug 30, 2018