

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: 2/4/2015

PRESIDENT OR PRESIDING OFFICER: Holly Messick

SECRETARY: _____

ADDRESS OF APPLICANT: 525 W. Monroe St. Ste. 900
Chicago, IL 60661

ORGANIZATION REQUESTING LICENSE: National MS Society, Greater IL Chapter

ADDRESS OF ORGANIZATION: 525 W. Monroe St., Ste. 900
Chicago, IL 60661

NAME AND ADDRESS OF RAFFLE MANAGER: Mike and Lori Carroll
9131 Walnut Ln., Tinley Park, IL
PHONE 708.846.9190

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

PURPOSE OF RAFFLE: fundraiser to support programs, services, and research for those affected by MS and their families

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 7:30 am - 1pm (5/3)

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 500 - 800

PRICE OF CHANCES: \$1 each or \$5/6 TOTAL PRIZE VALUE: _____ LARGEST SINGLE PRIZE: 100

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:
1pm 5/3/15 centennial park - orland park
Time Date Location of Raffle Drawing (Address, City, State)

OVER

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: est. 1946, IL chapter founded 195.

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: 20,000 in IL

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**

Holly Messick

Type or Print Name

Signature:

Holly Messick

ATTEST:

Secretary:

James McQueen

Type or Print Name

Signature:

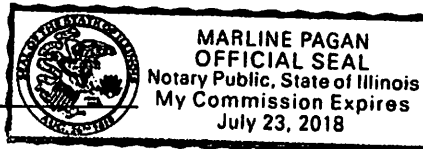
[Handwritten Signature]

SUBSCRIBED AND SWORN TO

before me this 18th

day of March, 2015.

[Handwritten Signature]
(Notary Public)



Commission Expires: 7-23-2018