

(To be completed by Village staff)

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

2014

**APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS**

(This is a two-sided application)

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:

11/7/2014

PRESIDENT OR PRESIDING OFFICER:

Alex CAMARENA

SECRETARY:

MARIA CAMARENA

ADDRESS OF APPLICANT:

2803 S Trumbull
Chicago IL 60623

ORGANIZATION
REQUESTING LICENSE:

Mi Sol Academy

ADDRESS OF ORGANIZATION:

14244 S Wolf Rd

Orland Park, IL 60452

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Alex CAMARENA

14244 S Wolf Rd.

PHONE 708 226 9850

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

Orland Park Civic Center, Orland Park IL.

PURPOSE OF RAFFLE: recoup cost of VENUE and
raise funds for academy improvements

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 12/14/14 4-6 pm

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

PRICE OF CHANCES: 20 TOTAL PRIZE VALUE: 800 LARGEST SINGLE PRIZE: 75

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

6:30 12/14/14
Time Date

Orland Park Civic Center
Location of Raffle Drawing (Address, City, State)

OVER

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: 7 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: 1/1

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 8

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

Alex Camarena

Type or Print Name

Signature:

Alex Camarena

ATTEST:

Secretary:

Maria Camarena

Type or Print Name

Signature:

Maria Camarena

SUBSCRIBED AND SWORN TO

before me this 24th

day of November, 2014.

Nancy R. Melinauskas
Notary Public)

Commission Expires: Aug 30, 2018

