

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: 9-10-10

PRESIDENT OR PRESIDING OFFICER: Marty Dignan

SECRETARY: Roy Anderson

ADDRESS OF APPLICANT: 11415 W. 171st street
Orland Park, IL 60467

ORGANIZATION REQUESTING LICENSE: Eagles Hockey Club

ADDRESS OF ORGANIZATION: P.O. Box 663
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Roy Anderson
11415 W. 171st st. Orland PK

PHONE (708) 478-4959

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: Orland Park, Family and Friends

PURPOSE OF RAFFLE: Fund Raiser for club sponsored events.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 10-15-10 thru 12-30-10

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000.00

PRICE OF CHANCES: \$5.00 TOTAL PRIZE VALUE: \$2000.00 LARGEST SINGLE PRIZE: \$840.00

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

9:00 pm 12-30-10 Ort Leon Ice Arena

Time Date 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 X

*(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: 10/9/87

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

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 35

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

MARTIN DIGNAN

Type or Print Name

Signature:

[Signature]

ATTEST:

Secretary:

~~BEN KUS~~ Roy Anderson

Type or Print Name

Signature:

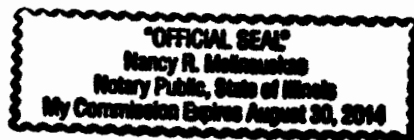
~~BEN KUS~~ [Signature]

SUBSCRIBED AND SWORN TO

before me this 14th

day of September, 20 10.

Nancy R. Melnauska
(Notary Public)



Commission Expires: 8-30-14