

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

2011
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:

6.16.11

PRESIDENT OR PRESIDING OFFICER:

Adriana Oropeza

SECRETARY:

Nancy Magaña

ADDRESS OF APPLICANT:

13925 Norwich Lane
Orland Park IL 60467

ORGANIZATION
REQUESTING LICENSE:

Maximiliano Benefit fund

ADDRESS OF ORGANIZATION:

13925 Norwich Lane
Orland Park IL

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Same as
above

PHONE 708.769.8351

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

Orland Park Village Civic Center

PURPOSE OF RAFFLE:

raising money for the medical
expenses for multiple surgery the baby will have.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

2: - 7:00 pm.

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

100

PRICE OF CHANCES: \$2.00 ea
3x \$5.00

TOTAL PRIZE VALUE: \$400.00

LARGEST
SINGLE PRIZE: \$80.00

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

5:00 p.m. 7.17.11

Time

Date

14750 S Ravinia Ave Orland Park, IL

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: 3 weeks

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: 5/12/11

501 C account.

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 1

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: Adriana Oropeza
Type or Print Name

Signature: Adriana Oropeza

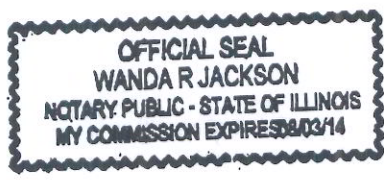
ATTEST:
Secretary: Nancy Magaña
Type or Print Name

Signature: Nancy Magaña

SUBSCRIBED AND SWORN TO

before me this 16th
day of June, 2011.

Wanda R Jackson
(Notary Public)



Commission Expires: 08/03/14