

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

2012
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: 5/15/12

PRESIDENT OR PRESIDING OFFICER: Mary Doody

SECRETARY: Tim Doody

ADDRESS OF APPLICANT: 8538 Fir Street
Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: The For Julie Foundation, Inc

ADDRESS OF ORGANIZATION: P. O. Box 2052 or 8538 Fir Street
Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Mary Doody
8538 Fir Street, Orland Park, IL

PHONE 708-349-7494

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

PURPOSE OF RAFFLE: Raising funds for leukemia research.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 7/27/12 6:00-10:00pm

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: 1,000 Grand Raffle
4,000 Price Raffle

PRICE OF CHANCES: Grand Raffle 1 for \$5.00 or 3 for \$10
Price Raffle \$1/each or 6 for \$5 TOTAL PRIZE VALUE: UNDER \$2000 LARGEST SINGLE PRIZE: \$500 or under

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

9:00 pm 7/27/12 14750 S. Ravinia, Orland Park, IL **OVER**
Time Date Location of Raffle Drawing (Address, City, State) 60462

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: 9 1/2 yrs - 1/20/2003

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

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: N/A

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 6 Board Members

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 Mary Doody
Type or Print Name

Signature: Mary Doody

ATTEST:
Secretary: Timothy Doody
Type or Print Name

Signature: T. Doody

SUBSCRIBED AND SWORN TO

before me this 22nd
day of May, 2012.

[Signature]
(Notary Public)



Commission Expires: May 26, 2014