

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:

9/14/15

PRESIDENT OR PRESIDING OFFICER:

Paul Grimes, Village Manager

SECRETARY:

ADDRESS OF APPLICANT:

14600 Ravinia Ave.
Orland Park, IL 60462

ORGANIZATION
REQUESTING LICENSE:

Village of Orland Park Recreation Dept.

ADDRESS OF ORGANIZATION:

14600 Ravinia Ave.
Orland Park, IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Irene Buikema
Recreation Dept.

PHONE 403-7275 ext 6280

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

Orland Park Cultural Center, 14760 Park Lane, O.P.

PURPOSE OF RAFFLE: IMPROV raffle to benefit
the IMPROV program

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: 8:00-10:00 pm

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

PRICE OF CHANCES: \$3 for 5 or \$1 ea. LARGEST SINGLE PRIZE: \$500
TOTAL PRIZE VALUE: Varies

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

8-10 pm, Oct 23, Nov. 20, 2015 Cultural Center, 14760 Park Lane
Time Date Location of Raffle Drawing (Address, City, State)
Sept 25, OVER O.P.

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business X Rec Program
Educational _____ Veterans' Organization _____ *Non-Profit Fund Raising _____
Even

*(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: _____

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: _____

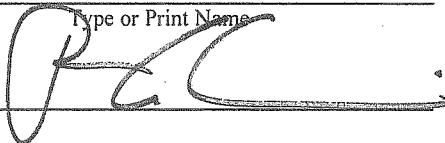
The undersigned, under oath attest that we have read and understand Ordinance #3480 entitled "An ordinance of the Village of Orland Park establishing a system for the licensing of organizations to operate raffles" and we further attest to the non-profit character of the prospective license organization.

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

Paul G. Grimes
Village Manager

Signature:

Type or Print Name


ATTEST:

Secretary:

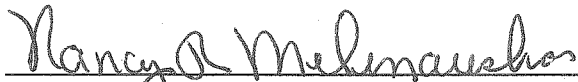
Type or Print Name

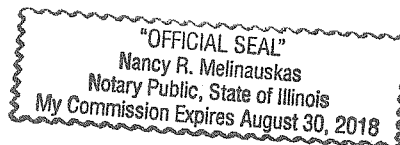
Signature:

SUBSCRIBED AND SWORN TO

before me this 17th

day of Sept, 2015.


(Notary Public)



Commission Expires: Aug 30, 2018