

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

2013
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:

for Sept 14 2014 Date

PRESIDENT OR PRESIDING OFFICER:

Joan Hallgren

SECRETARY:

Kathy Dawley

ADDRESS OF APPLICANT:

14665 Oakley Ave

Orland Park IL 60462

ORGANIZATION

REQUESTING LICENSE:

Park Lawn Services

ADDRESS OF ORGANIZATION:

10833 So. LaPorte

Oak Lawn IL 60453

NAME AND ADDRESS

OF RAFFLE

MANAGER:

Joan Hallgren

14665 Oakley Ave Orland Park IL 60462

PHONE 708 4602996

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

Orland Park Civic Center

PURPOSE OF RAFFLE:

To benefit Park Lawn Services

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:

7-10PM

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:

\$300.00

PRICE OF CHANCES: \$1.00

TOTAL PRIZE VALUE: \$300.00

LARGEST
SINGLE PRIZE: \$50.00

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

9:00 PM

Sept 14th

Orland Park Civic Center

Time

Date

Location of Raffle Drawing (Address, City, State)

OVER

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable X 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: 1955

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Oak Lawn IL

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

[Signature]
Type or Print Name

Signature:

[Signature]
JONATHAN BERRY

ATTEST:

Secretary:

BONNIE PRICE
Type or Print Name

Signature:

[Signature]
Bonnie M Price

SUBSCRIBED AND SWORN TO

before me this 25

day of October, 2013.

[Signature]
(Notary Public)

Commission Expires: 7-13-2016

