

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

2017

**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:

Aug. 1. 2017

PRESIDENT OR PRESIDING OFFICER:

SECRETARY:

ADDRESS OF APPLICANT:

ORGANIZATION
REQUESTING LICENSE:

Orland Park Lions

ADDRESS OF ORGANIZATION:

P.O. Box 604

Orland Park, IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER:

Carol Grarding

11500 Kingswood Dr. 60467

PHONE *708 921 2089*

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

Orland Bowl 8801 W. 151st St. Orland Park 60462

PURPOSE OF RAFFLE: *Benefit for Fire Fighters
and First Responders*

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: *1:30 pm - 1:00 am*

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: *1,000*

PRICE OF CHANCES: *\$1.00* TOTAL PRIZE VALUE: *\$500* LARGEST SINGLE PRIZE: *\$100.00*

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

11:00 pm 11-11-17

Orland Bowl

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 _____

**(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: 52 yrs.

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park, 1964

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 600

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

MARK KAZLAUSKAS

Type or Print Name

Signature:



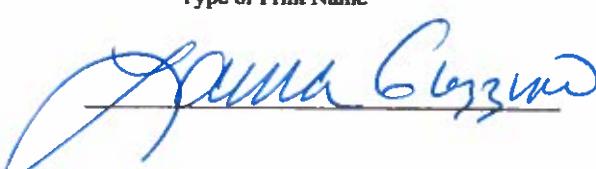
ATTEST:

Secretary:

Laura Guzzino

Type or Print Name

Signature:



SUBSCRIBED AND SWORN TO

before me this FIRST

day of AUGUST, 2017.

Pamela A. Wren

(Notary Public)

Commission Expires: 8/8/2019

