

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

2016

**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: June 28, 2016

PRESIDENT OR PRESIDING OFFICER: Terrence Hancock

SECRETARY: Roberta Lester

ADDRESS OF APPLICANT: 14551 S. Ravinia, Ste 2B

Orland Park, IL 60462

**ORGANIZATION
REQUESTING LICENSE:** In Search of a Cure

ADDRESS OF ORGANIZATION: 14551 S. Ravinia, Ste. 2B

Orland Park, IL 60462

**NAME AND ADDRESS
OF RAFFLE
MANAGER:** Roberta Lester

14551 S. Ravinia, Ste 2B, Orland Park, IL 60462

PHONE 630-887-4141

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

Silver Lakes Country Club

PURPOSE OF RAFFLE: Raise funds for charitable purposes

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: July 28, 2016

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: July 28, 2016

PRICE OF CHANCES: Various **TOTAL PRIZE VALUE:** \$20,000 **LARGEST SINGLE PRIZE:** \$10,000

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

OVER

7PM July 28, 2016 **Silver Lakes Country Club**
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable XX 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: 8 yrs

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Illinois 04/16/08

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

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 Terrence Hancock
Type or Print Name

Signature: Terrence Hancock

ATTEST:

Secretary: Roberta Lester
Type or Print Name

Signature: Roberta Lester

SUBSCRIBED AND SWORN TO

before me this 28th
day of June, 2016.

Nancy J. DiGiovanni
(Notary Public)

Commission Expires: 1/18/17

