

**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: _____

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 same 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: December 6, 2017

PRESIDENT OR PRESIDING OFFICER: Ann Oliver, President

SECRETARY: Carla Erdey, Secretary

ADDRESS OF APPLICANT: 15100 S. 94th Ave., Orland Park, IL 60462

ORGANIZATION REQUESTING LICENSE: District 230 Foundation

ADDRESS OF ORGANIZATION: 15100 S. 94th Ave., Orland Park, IL 60462

NAME AND ADDRESS OF RAFFLE MANAGER: Tim Dalton
9001 W. 171st Street, Tinley Park IL 60487

PHONE Foundation #: (708) 745-5222

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

15100 S. 94th Ave., Orland Park, IL 60462

PURPOSE OF RAFFLE: To raise funds for our 501 (c) (3) organization to benefit the students in District 230.

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: Approx. 5 Months

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

PRICE OF CHANCES: \$25.00 TOTAL PRIZE VALUE: \$15,000.00 LARGEST SINGLE PRIZE: \$10,000.00

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

8:30 p.m. March 24, 2018 Homewood Suites, 16235 S. LaGrange Rd., Orland Park, IL

OVER

Time _____ Date _____ location of Raffle Drawing (Address, City, State) _____

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: 13 years

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: Orland Park IL 10/13/2005

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

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: 2 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 Ann Oliver, President

Type or Print Name

Signature: Ann Oliver

ATTEST:
Secretary: Carla Erdey, Secretary

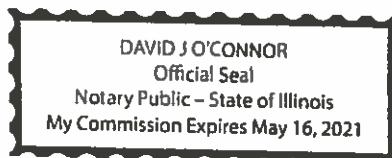
Type or Print Name

Signature: Carla Erdey

SUBSCRIBED AND SWORN TO

before me this 6th

day of December, 2017



David J. O'Connor
(Notary Public)

Commission Expires: 5/16/21