

Year: \_\_\_\_\_

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

**APPLICATION FOR LICENSE TO SELL**

**RAFFLE TICKETS**

*(This is a two-page 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:** \_\_\_\_\_

**PRESIDENT OR PRESIDING OFFICER:** \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_

**ADDRESS OF APPLICANT:** \_\_\_\_\_

**SPONSORING ORGANIZATION  
REQUESTING LICENSE:** \_\_\_\_\_

**ADDRESS OF SPONSORING  
ORGANIZATION:** \_\_\_\_\_

**NAME AND ADDRESS  
OF RAFFLE  
MANAGER:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

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

\_\_\_\_\_

**PURPOSE OF RAFFLE:** \_\_\_\_\_

\_\_\_\_\_

**TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED:** \_\_\_\_\_

**MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED:** \_\_\_\_\_

**PRICE OF CHANCES:** \_\_\_\_\_ **TOTAL PRIZE VALUE:** \_\_\_\_\_ **LARGEST  
SINGLE PRIZE:** \_\_\_\_\_

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

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 \_\_\_\_\_ Law Enforcement Agency/ Association \_\_\_\_\_

*\*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: \_\_\_\_\_

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: \_\_\_\_\_

NAME OF COMPANY, PRIMARY BUSINESS ADDRESS, NAME OF PRIMARY CONTACT AND AUTHORIZED AGENT, E-MAIL ADDRESS FOR PRIMARY CONTACT, TELEPHONE NUMBER OF ANY THIRD PARTY ORGANIZATION ("THIRD PARTY RAFFLE OPERATOR/ VENDOR") CONTRACTED BY THE ORGANIZATION (RAFFLE MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THIRD-PARTY CONTRACTED PARTIES COMPLY WITH ALL APPLICABLE STATUTES, ORDINANCES AND OTHER REGULATIONS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The undersigned, under oath attest that we have read and understand Ordinance # \_\_\_\_\_ entitled "An ordinance of the Village of Orland Park Amending Title 7, Chapter 16 (Raffles) of the Orland Park Village Code" 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 # \_\_\_\_\_ 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**

\_\_\_\_\_  
Type or Print Name

**Signature:**

**ATTEST:**

**Secretary:**

\_\_\_\_\_  
Type or Print Name

**Signature:**

\_\_\_\_\_

**ATTEST:**

**Third Party  
Operator/Vendor:**

\_\_\_\_\_  
Type or Print Name

**Signature:**

\_\_\_\_\_

**SUBSCRIBED AND SWORN TO**

before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(Notary Public)**

**Commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
/as  
11/18