

RAFFLE LICENSE APPLICATION

**VILLAGE OF TINLEY PARK
16250 South Oak Park Avenue**

DATE: _____

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. MAILING ADDRESS IF DIFFERENT FROM ABOVE:

4. ADDRESS OF PLACE FOR RAFFLE DRAWING

5. CHECK TYPE OF NOT-FOR-PROFIT ORGANIZATION: (MUST BE IN EXISTENCE FOR A PERIOD OF FIVE (5) YEARS AND ATTACHED DOCUMENTARY EVIDENCE)

RELIGIOUS ___ *CHARITABLE* ___ *LABOR* ___ *FRATERNAL* ___

EDUCATIONAL ___ *VETERANS* ___ *BUSINESS* ___

6. HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE: _____

7. PLACE AND DATE OF INCORPORATION: _____

8. NUMBER OF MEMBERS IN GOOD STANDING: _____

9. PRESIDENT/CHAIRPERSON: _____

ADDRESS: _____ **PHONE:** _____

10. RAFFLE MANAGER: _____

ADDRESS: _____

PHONE: _____ **Email:** _____

11. DESIGNATED MEMBER(S) RESPONSIBLE FOR CONDUCT & OPERATION OF RAFFLE:

NAME: _____

ADDRESS: _____ **PHONE:** _____

NAME: _____

ADDRESS: _____ **PHONE:** _____

(ATTACHED ADDITIONAL SHEET IF NECESSARY)

