



Arlington Heights Fire Fighters Association - Local 3105

P.O. Box 294 Arlington Heights, Illinois 60006

Waiver of Bond Request

24 May 2019

Randall Recklaus
Village Manager
Village of Arlington Heights
33 S. Arlington Heights Rd,
Arlington Heights, IL 60005

Mr. Recklaus,

My name is Scott Vasicek, from the Arlington Heights Fire Department and the Arlington Heights Firefighters Association Local 3105. I am writing you today to request a Waiver of Bond for a Raffle License.

As you may know, Local 3105 with help from the Fire Department, coordinate and run a large benefit for the Muscular Dystrophy Association (MDA) every year. This year's benefit will take place on Friday, June 7, at the Metropolis Ballroom in downtown Arlington Heights. As part of the benefit, we would like to include raffle prizes. These raffle prizes will mostly be individual small items, with no prizes valued more than a few hundred dollars.

100% of the proceeds from the benefit, and the raffle, will go directly to the 501c3 non-profit organization, the Muscular Dystrophy Association (MDA). MDA is leading the fight to free individuals and families from the harm of muscular dystrophy, ALS and related muscle-debilitating diseases. This is done by funding research breakthroughs across diseases, caring for individuals and empowering families with services and support in hometowns, like Arlington Heights.

We hope you can assist our efforts, and this great cause, by granting this Waiver of Bond request.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Vasicek".

Scott Vasicek

AHFD MDA Benefit Coordinator
847-754-5750
SVasicek@vah.com

VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

Date Routed: _____

20 19 **RAFFLE LICENSE APPLICATION**
SECTION #10-1001

☒ Non-Profit ☐ Educational ☐ Fraternal ☐ Charitable ☐ Religious ☐ Labor ☐ Veterans

Name of Organization: Arlington Heights Firefighters Association Local 3105 Phone #: 815-805-6725

Organization Address: PO Box 291

City: Arlington Heights State: IL Zip: 60004

Presiding Officer: Schwartz, Steve

(Last, First, Middle Initial)

Presiding Officer's Address: 1150 N Arlington Heights Rd

City: Arlington Heights State: IL Zip: 60004

Presiding Officer's Home Phone: N/A Presiding Officer's Cell Phone: 815-805-6725

Secretary: Kuhn, Stuart

(Last, First, Middle Initial)

Secretary's Address: 1150 N Arlington Heights Rd

City: Arlington Heights State: IL Zip: 60004

Secretary's Home Phone: N/A Secretary's Cell Phone: 630-849-6651

Raffle Manager: Vasicek, Scott S

(Last, First, Middle Initial)

Raffle Manager's Address: 1150 N Arlington Heights Rd

City: Arlington Heights State: IL Zip: 60004

Raffle Manager's Home Phone: N/A Raffle Manager's Cell Phone: 847-754-5750

Location where raffle tickets will be sold: The Metropolis Ballroom; 6 S Vail Ave, Arlington Heights, IL 60004

Date & Time when raffle tickets will be sold: June 7, 2019; 7pm to June 7, 2019; 10pm

Time and Place winner will be determined: June 7, 2019; 10pm; The Metropolis Ballroom; 6 S Vail Ave, Arlington Heights, IL 60004

Is raffle to be held on rented premises? ☒ Yes ☐ No If yes, list owner of property: Name: The Metropolis Ballroom

Address: 6 S Vail Ave, Arlington Heights, IL 60004 Phone: _____

Bonding Company Name: _____ Bonding Company Phone: _____

Bonding Company Address: _____

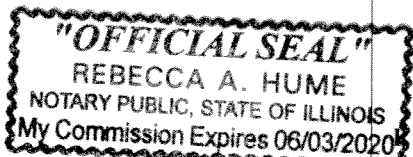
City: _____ State: _____ Zip: _____

Value of prizes: \$ _____ Letter requesting waiver of bond required. Letter must be submitted at time of application.

Subscribed and sworn before me this 31

day of May 20 19.

Notary Signature Rebecca A. Hume



SEAL NOTARY PUBLIC

I attest to the not-for-profit character of the raffle that is the subject of this application. I further certify and swear that all of the above questions have been answered truthfully and to the best of my knowledge and ability.

Signed by Raffle Manager or Presiding Officer: [Signature] Date: 5/31/19

FOR OFFICE USE ONLY

LICENSING DEPARTMENT: ☒ APPROVED ☐ DENIED

VILLAGE MANAGER: ☐ APPROVED ☐ DENIED

Signature [Signature]

Signature _____

Return to License Department. Memo reasons for denial to license department.

Control #: VB