

**Permit #**

\*\*SKIPPED\*\*

**\* BUSINESS OR ORGANIZATION NAME**

Premier Suburban Medical Group/Silver Cross Hospital

**\* BUSINESS OR ORGANIZATION NAME ADDRESS**

17047 S. LaGrange Road  
Orland Park IL 60487

**\* PHONE #**

(815) 300-7764

**\* EMAIL**

jcarlson@silvercross.org

**\* CONTACT PERSON**

Julie Mahoney

**\* CONTACT PERSON ADDRESS**

1900 Silver Cross Blvd.  
New Lenox IL 60451

**\* PHONE #**

(815) 300-7561

**\* EMAIL**

jcarlson@silvercross.org

**\* CHAIRPERSON OF SPECIAL EVENT**

Debra Robbins

**\* CHAIRPERSON ADDRESS**

1900 Silver Cross Blvd.  
New Lenox IL 60451

**\* PHONE #**

(815) 300-7562

**\* EMAIL**

d Robbins@silvercross.org

**\* EVENT DAY CONTACT PERSON**

Julie Mahoney

**\* EVENT DAY CONTACT PERSON ADDRESS**

17047 S. LaGrange Road  
Orland Park IL 60487

**\* PHONE #**

(815) 300-7561

**\* EVENT DAY CONTACT PERSON EMAIL**

jcarlson@silvercross.org

**\* LOCATION AND ADDRESS OF EVENT**

Premier Suburban Medical Pavilion/Silver Cross Hospital 17047 S. LaGrange Road Orland Park, IL 60487

**\* TYPE OF EVENT:**

Grand Opening

**\* EVENT ON PUBLIC PROPERTY**

RESIDENTIAL NEIGHBORHOOD GATHERINGS

**\* EVENT ON PRIVATE PROPERTY**

INDOOR EVENT

COMMERCIAL FILMING/PICTURES

**\* DESCRIPTION OF EVENT**

VIP Ribbon-Cutting & Grand Opening Celebration

**\* LIST DATES OF EVENT WITH HOURS OF OPERATION**

Saturday, March 9 9 a.m. to 1 p.m.

**\* SET-UP DATE & TIME**

03/08/2024 2:00 PM

**\* TEAR-DOWN DATE & TIME**

03/09/2024 1:00 PM

**\* APPROXIMATE NUMBER OF PERSONS INVITED AND/OR EXPECTED TO ATTEND OR PARTICIPATE**

300

(Additional Fees May Apply)

**\* WILL FOOD BE SERVED?**

YES

**\* WILL YOUR EVENT INCLUDE A FOOD TRUCK? (Food being prepared and served from the vehicle)**

NO

**\* WILL ALCOHOL BE SERVED? (If YES, contact Mayor's Office at 708-403-6160 and complete the "Application for Temporary Liquor License.")**

NO

PHONE #

\*\*SKIPPED\*\*

**EMAIL**

\*\*SKIPPED\*\*

**\* WILL GENERATORS BE UTILIZED?**

NO

**If YES, please describe the size/type:**

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**\* WILL THERE BE A RAFFLE? (Contact Village Clerk at 708-403-6150)**

YES

PHONE #

\*\*SKIPPED\*\*

**EMAIL**

\*\*SKIPPED\*\*

**\* WILL THERE BE LIVE ENTERTAINMENT? (Music must end by 10:30PM Sun-Th, 11:30PM Fri-Sat)**

NO

**\* WILL THERE BE TEMPORARY SIGNAGE? (Banners, Inflatables, Etc.)**

YES

**\* WILL THERE BE A TENT?**

NO

**\* WILL THERE BE ANY STRUCTURES OTHER THAN A TENT? (Stage, Etc.)**

NO

**If YES, list structures:**

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**\* WILL THERE BE ANY ROAD OR SIDEWALK OR RIGHT-OF-WAY CLOSURES?**

NO

**\* WILL THE EVENT BEGIN AT ONE LOCATION AND TERMINATE AT ANOTHER?**

NO

If YES, complete the questions below. If NO, sign and date to complete application.

**1. The route to be traveled, the starting point, the termination point, and the location of any stopping point, speakers' platforms, or similar, if any. (A. Provide Map, B. Google Aerial Image with route traced is OK.)**

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Attachment

Orland Park Aerial View.jpg

**2. The approximate number of persons who, and animals and vehicles which, will constitute the event, types of animals, and description of the vehicles.**

300

**3. The hours when the event will start and terminate.**

9 a.m. to 1 p.m.

**4. Please provide a statement as to whether the event will occupy all or a portion of the width of the streets proposed to be traversed.**

**\*\*SKIPPED\*\***

**5. The location of any assembly areas for the event.**

**\*\*SKIPPED\*\***

**6. The time and location at which units of the event will begin to assemble at any such assembly area or areas.**

**\*\*SKIPPED\*\***

Please attach the above information if your event falls into the applicable category.

**\* APPLICANT NAME**

Julie Mahoney

**\* DATE**

02/13/2024

\* I attest that the information provided above is to the best of my knowledge accurate. I understand that by checking this box and providing my name and date above, this also acts as my signature.

Checking this box also acts as my signature.