

Permit #

SKIPPED

*** BUSINESS OR ORGANIZATION NAME**

Community Services Foundation

*** BUSINESS OR ORGANIZATION NAME ADDRESS**

18230 Orland Parkway
Orland Park IL 60467

*** PHONE #**

(708) 469-9602

*** EMAIL**

esimcox@csfil.org

*** CONTACT PERSON**

Elise Zenner

*** CONTACT PERSON ADDRESS**

18230 Orland Parkway
Orland Park IL 60467

*** PHONE #**

(708) 469-9602

*** EMAIL**

esimcox@csfil.org

*** CHAIRPERSON OF SPECIAL EVENT**

Elise Zenner

*** CHAIRPERSON ADDRESS**

18230 Orland Parkway
Orland Park IL 60467

*** PHONE #**

(708) 469-9602

*** EMAIL**

esimcox@csfil.org

*** EVENT DAY CONTACT PERSON**

Elise Zenner

*** EVENT DAY CONTACT PERSON ADDRESS**

18230 Orland Parkway
Apt 2A
Orland Park IL 60467

*** PHONE #**

(708) 469-9602

*** EVENT DAY CONTACT PERSON EMAIL**

esimcox@csfil.org

*** LOCATION AND ADDRESS OF EVENT**

18230 Orland Parkway

*** TYPE OF EVENT:**

5K Race

*** EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

*** EVENT ON PRIVATE PROPERTY**

OUTDOOR EVENT

COMMERCIAL FILMING/PICTURES

NON-COMMERCIAL FILMING/PICTURES ON PUBLIC PROPERTY

*** DESCRIPTION OF EVENT**

Get ready to feel the island vibes at our ALOHA 5K, hosted by Community Services Foundation! Mark your calendars to take a professionally timed run through our USATF certified course in Orland Park's beautiful Grassland Forest Preserve, then grab refreshments afterwards. All proceeds raised directly support local adults with developmental disabilities at CTF Illinois.

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

Thursday, June 12, 2025 5:00pm-8:00pm

*** SET-UP DATE & TIME**

06/12/2025 3:00 PM

*** TEAR-DOWN DATE & TIME**

06/12/2025 7:30 PM

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

150

(Additional Fees May Apply)

*** WILL FOOD BE SERVED?**

NO

*** 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.")**

YES

PHONE #

(708) 469-9602

EMAIL

esimcox@csfil.org

*** 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)**

NO

PHONE #

(708) 469-9602

EMAIL

esimcox@csfil.org

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

YES

*** 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.)

18230 Orland Parkway (our parking lot), 2 loops around Orland Grassland loop.

Attachment

Map with Parking Lot Circled 2025.pdf (1).pdf

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

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

5:00PM-8:00PM

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.

No streets are crossed.

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

18230 Orland Parkway Orland Park, IL 60467

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

3:00PM 18230 Orland Parkway Orland Park, IL 60467

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

*** APPLICANT NAME**

Elise Zenner

*** DATE**

04/29/2025

* 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.

**DEVELOPMENT SERVICES DEPARTMENT**

14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
(708) 403-5300
www.orlandpark.org

DATE RECEIVED: _____

PERMIT #: _____

APPLICATION FOR TEMPORARY SIGN PERMIT**APPLICANT INFORMATION**Applicant Name: Elise SimcoxPhone Number: 708-469-9602Company: Community Services FoundationEmail: esimcox@csfil.org**SITE INFORMATION**Business/Site Name: Orland Grasslands (Yellow)Phone Number: 708-500-8818

Address: _____

Email: jose.lucio@cookcountyl.govBusiness Owner: Jose Lucio

Phone Number: _____

Property Owner: Cook County Forest Preserve

Phone Number: _____

CONTRACTOR INFORMATION

OFFICE USE ONLY: CL: _____ BOND EXP: _____

Sign Contractor: Graphic Image Corp

Phone Number: _____

Address: _____

Email: frankie@graphicimagecorp.com**SIGN INFORMATION**

Circumstance: ☐ Coming Soon ☐ Grand Opening ☐ Temporary/Seasonal Use ☐ Other: 5K Signs on Route
☒ Special Event ☐ Store Closing ☐ Prior to Permanent Sign

Duration of Display: Start Date: 06/12/2025 End Date: 06/12/2025 Total Days: 1Sign Text: AttachedSign Materials: Corrugated Plastic Sign Colors: Pink Green WhiteSign Location: ☐ Wall ☒ Ground Estimated Cost: \$125.00Sign Type: ☐ Banner ☐ Inflatable ☐ Dual Post Quantity of Signs: 15Sign Length: 24 Sign Height: 18 Sign Face Area: _____Tenant Type: ☐ Residential ☐ Non-Residential ☐ Vacant Land Tenant Frontage (ft): _____**Submittal requirements:**

- ☐ One (1) color copy of the fully-dimensioned Sign Plan.
- ☐ An aerial image, Plat of Survey, and/or Site Plan with the proposed sign location(s) clearly marked.
- ☐ A copy of written consent from the owner of the building or land.

The Applicant hereby certifies the correctness and completeness of this application and agrees that all signage shall comply with all applicable Village regulations (including Section 6-307 (Signs) of the Land Development Code) and shall be installed in accordance with the approved plans.

Applicant Signature: Elise Simcox-Zenner Date: 05/05/2025OFFICE USE ONLY: ☐ Application Complete ☐ Verify Occupancy ☐ Approval: _____ Fee: _____

ALOHA 5K Race 2025

Orland Park, Illinois

5.153 km 2 full laps from fixed Finish Line

5.0 km race from adjusted Start Line for 1st lap

Measured By David Mauger
12/22-23/2019
froggermauger@comcast.net
708-227-5250

COURSE DESCRIPTION

The ALOHA 5k course is run counterclockwise on the main and outer paved trail path at Orland Grasslands Preserve S-side of 179th St in Orland Park, Illinois (Fig 1 map). The race is staged from the CTF Illinois facilities at 18230 Orland Parkway, Orland Park, IL.

The course is measured from the fixed Finish Line (FL) back to the FL times 2-laps equals 5.153 km total distance. And can be run as a standard 5.0 km race using the adjusted Start Line (ST) 153 m N of the FL.

The course path is measured counterclockwise around the inside or shortest distance side of path irrespective of pedestrian right-of-way, and measured straight-line on tangents thru S-curves.

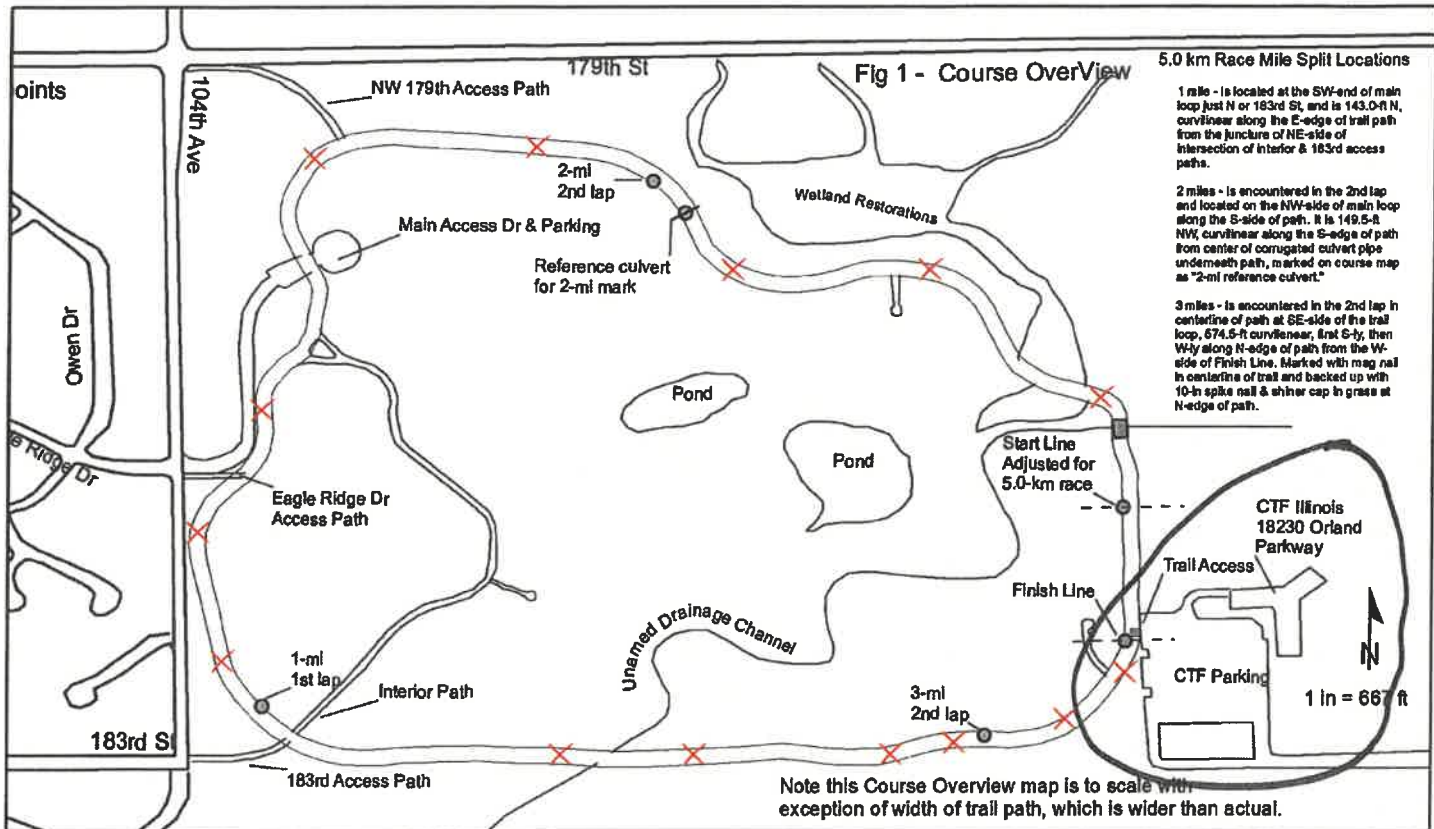


Fig. 2 - Fixed Finish Line Location Detail

Finish Line - is located S of the access path from N-end of CTF Illinois parking lot, approx even with trunk of 3rd landscape planting tree along W-edge of parking lot. It is exactly 29-ft, 7-in S of a 10-in spike nail with 2-in shiner cap at SE juncture of main loop and parking lot access path. FL marked with 2 mag nails in trail 6-in from edge both sides of trail, and backed up with spike nails and shiner caps in grass along edge of asphalt path.

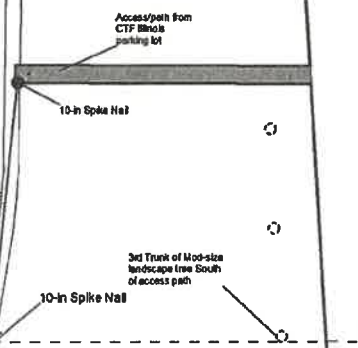
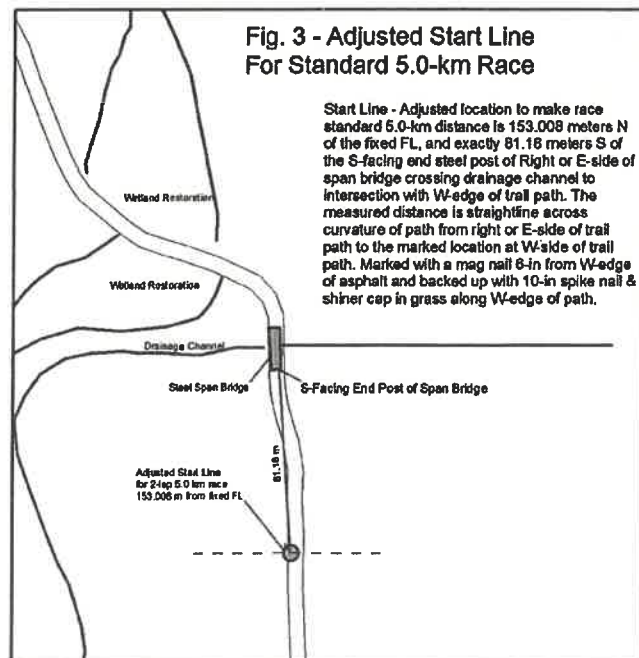


Fig. 3 - Adjusted Start Line For Standard 5.0-km Race

Start Line - Adjusted location to make race standard 5.0-km distance is 153.008 meters N of the fixed FL, and exactly 81.18 meters S of the S-facing end steel post of Right or E-side of span bridge crossing drainage channel to intersection with W-edge of trail path. The measured distance is straightline across curvature of path from right or E-side of trail path to the marked location at W-side of trail path. Marked with a mag nail 6-in from W-edge of asphalt and backed up with 10-in spike nail & shiner cap in grass along W-edge of path.





**RUN LIKE
YOU'RE LATE
FOR THE LUAU!**



ALOHA 5K
RUN/WALK





ALOHA 5K
RUN/WALK

**YOU'RE
MAKING
WAVES!**





ALOHA 5K
RUN/WALK

TROPIC LIKE IT'S HOT!





ALOHA 5K
RUN/WALK

MAHAHALO
FOR BEING
AWESOME!





ALOHA 5K
RUN/WALK

NO WORRIES
JUST MILES!





ALOHA 5K
RUN/WALK

**SHELL YEAH,
YOU'VE GOT
THIS!**





ALOHA 5K
RUN/WALK

**BEACH PLEASE-
YOU'RE ALMOST
THERE!**





ALOHA 5K
RUN/WALK

**HULA YOU'RE
WAY TO THE
FINISH!**





ALOHA 5K
RUN/WALK

SANDY TOES

SWEATY CLOTHES

KEEP GOING!





ALOHA 5K
RUN/WALK

LEI-ING IT ALL OUT THERE!





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Horton Group 10320 Orland Parkway Orland Park IL 60467	CONTACT NAME: PHONE (A/C, No, Ext): 708-845-3000 E-MAIL ADDRESS: certificates@thehortongroup.com FAX (A/C, No):
INSURED Community Services Foundation 18230 Orland Parkway Orland Park IL 60467	INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Company of America INSURER B: Accident Fund Insurance Company of America INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 746494204 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	S 2546455	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	S 2546455	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		S2546455	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N Y N/A	UH WCP 100032099 02	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Sexual Misconduct/Molestation Professional Liability		S 2546455 S 2546455	7/1/2024 7/1/2024	7/1/2025 7/1/2025	Occurrence/Aggregate \$1M / \$3M Occurrence/Aggregate \$1M / \$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured on a primary and non-contributory basis with respect to general liability and Additional Insured/Loss Payee on a primary and non-contributory basis with respects to Auto Liability only when required by written contract, and waivers of subrogation applies to the General Liability, Auto Liability and Workers' Compensation in favor of the stated Additional Insureds only when required by written contract
The General Liability policy includes Forest Preserves of Cook County as an Additional Insured.

CERTIFICATE HOLDER Forest Preserves of Cook County 536 N. Harlem Ave. River Forest IL 60305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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