

**Permit #**

\*\*SKIPPED\*\*

**\* BUSINESS OR ORGANIZATION NAME**

Dean's Greens

**\* BUSINESS OR ORGANIZATION NAME ADDRESS**

8101 W 151st Street  
Orland Park IL 60462

**\* PHONE #**

(708) 275-8353

**\* EMAIL**

info@shopdeansgreens.com

**\* CONTACT PERSON**

Dean Drougas

**\* CONTACT PERSON ADDRESS**

8101 151st Street  
Orland Park IL 60462

**\* PHONE #**

(708) 275-8353

**\* EMAIL**

info@shopdeansgreens.com

**\* CHAIRPERSON OF SPECIAL EVENT**

Dean Drougas

**\* CHAIRPERSON ADDRESS**

151st W 151st Street  
Orland Park IL 60462

**\* PHONE #**

(708) 275-8353

**\* EMAIL**

info@shopdeansgreens.com

**\* EVENT DAY CONTACT PERSON**

Dean Drougas

**\* EVENT DAY CONTACT PERSON ADDRESS**

8101 151st street  
Orland Park IL 60462

**\* PHONE #**

(708) 275-8353

**\* EVENT DAY CONTACT PERSON EMAIL**

info@shopdeansgreens.com

**\* LOCATION AND ADDRESS OF EVENT**

Dean's Greens - Boley Farm 8101 151st Street Orland Park, IL 60462

**\* TYPE OF EVENT:**

Farmers Market

**\* EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

**\* EVENT ON PRIVATE PROPERTY**

OUTDOOR SALES - PER MONTH

COMMERCIAL FILMING/PICTURES

NON-COMMERCIAL FILMING/PICTURES ON PUBLIC PROPERTY

**\* DESCRIPTION OF EVENT**

10-15 outdoor vendors, exact vendors tbd

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

Saturdays 9-3

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

08/09/2025 8:00 AM

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

08/09/2025 3:00 PM

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

100

(Additional Fees May Apply)

**\* WILL FOOD BE SERVED?**

YES

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

YES

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

NO

PHONE #

(708) 275-8363

**EMAIL**

info@shopdeansgreens.com

**\* 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 #

\*\*SKIPPED\*\*

**EMAIL**

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**\* 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.)**

NO

**\* 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.)**

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

Attachment

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

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

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

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

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

**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**

Dean Drougas

**\* DATE**

07/27/2025

\* 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.