

Permit #

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*** BUSINESS OR ORGANIZATION NAME**

Orland Park Area Chamber of Commerce

*** BUSINESS OR ORGANIZATION NAME ADDRESS**

8799 W. 151st Street
Orland Park IL 60462

*** PHONE #**

(708) 349-2972

*** EMAIL**

sarah@orlandparkchamber.org

*** CONTACT PERSON**

Sarah Stasukewicz

*** CONTACT PERSON ADDRESS**

8799 W. 151st Street
Orland Park IL 60462

*** PHONE #**

(708) 349-2972

*** EMAIL**

sarah@orlandparkchamber.org

*** CHAIRPERSON OF SPECIAL EVENT**

Sarah Stasukewicz

*** CHAIRPERSON ADDRESS**

8799 W. 151st Street
Orland Park IL 60462

*** PHONE #**

(708) 349-2972

*** EMAIL**

sarah@orlandparkchamber.org

*** EVENT DAY CONTACT PERSON**

Sarah Stasukewicz

*** EVENT DAY CONTACT PERSON ADDRESS**

8799 W. 151st Street
Orland Park IL 60462

*** PHONE #**

(708) 269-0401

*** EVENT DAY CONTACT PERSON EMAIL**

sarah@orlandparkchamber.org

*** LOCATION AND ADDRESS OF EVENT**

Orland Park Crossing 14225 95th Avenue Orland Park, IL 60462

*** TYPE OF EVENT:**

Outdoor event that includes wine tasting, shopping, live music, and games

*** 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**

Presented by the Orland Women's Network, this exciting new event invites guests to indulge in a curated selection of exquisite wines from our member restaurants, enjoy the thrill of classic casino-style games (just for fun, not real gambling!), take in live entertainment, and explore a vibrant shopping experience featuring local stores, vendors, and talented crafters.

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

Friday, September 12, 2025 6-10 p.m.

*** SET-UP DATE & TIME**

09/12/2025 12:00 PM

*** TEAR-DOWN DATE & TIME**

09/13/2025 8:00 AM

*** 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)**

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) 349-2972

EMAIL

sarah@orlandparkchamber.org

*** WILL GENERATORS BE UTILIZED?**

NO

If YES, please describe the size/type:

N/a

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

YES

PHONE #

(708) 349-2972

EMAIL

sarah@orlandparkchamber.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?**

YES

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

NO

If YES, list structures:

N/a

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

YES

*** 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.)

The event will be at one location

Attachment

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

Roughly 15 vendors/crafters, Palermo's will be selling food, and our five restaurants serving up the wine tasting will be providing light bites for people to pair with the wines of their choosing. We are working with Bright Light Entertainment, who will be supplying 2 Blackjack tables, 1 Craps table and a Roulette game. No gambling will take place. It is just for fun!

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

6-10 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.

This event will be confined to Orland Park Crossing.

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

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

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

*** APPLICANT NAME**

Sarah A. Stasukewicz

*** DATE**

08/07/2025

* 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.