

Permit #

SKIPPED

*** BUSINESS OR ORGANIZATION NAME**

Chick-fil-A

*** BUSINESS OR ORGANIZATION NAME ADDRESS**

15605 S LaGrange Rd
Orland Park IL 60462

*** PHONE #**

(630) 605-8093

*** EMAIL**

chickfilaorlandcatering@gmail.com

*** CONTACT PERSON**

Douglas Becker

*** CONTACT PERSON ADDRESS**

15605 S Lagrange Rd
orland park IL 60462

*** PHONE #**

(630) 605-8093

*** EMAIL**

Chickfilaorlandcatering@gmail.com

*** CHAIRPERSON OF SPECIAL EVENT**

Nathan Zimmerman

*** CHAIRPERSON ADDRESS**

15605 S Largange Rd
Orland Park IL 60462

*** PHONE #**

(918) 694-6183

*** EMAIL**

chickfilaorlandcatering@gmail.com

*** EVENT DAY CONTACT PERSON**

Douglas Becker

*** EVENT DAY CONTACT PERSON ADDRESS**

15605 s Lagrange Rd
Orland Park IL 60462

*** PHONE #**

(630) 605-8093

*** EVENT DAY CONTACT PERSON EMAIL**

chickfilaorlandcatering@gmail.com

*** LOCATION AND ADDRESS OF EVENT**

Chick-fil-A Orland Park. 15605 S Lagrange Rd Orland Park IL

*** TYPE OF EVENT:**

Fall festival

*** EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

*** EVENT ON PRIVATE PROPERTY**

OUTDOOR EVENT

COMMERCIAL FILMING/PICTURES

*** DESCRIPTION OF EVENT**

This is a fall festival being held at chickfila. This event is ONLY on private property, it made me select a public property location. the event will only be held in the parking lot at chickfila. we will have a bounce house, and a petting zoo.

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

October 14th 5-7pm

*** SET-UP DATE & TIME**

10/14/2025 5:00 PM

*** TEAR-DOWN DATE & TIME**

10/14/2025 7:00 PM

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

250 people expected to attend

(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:

SKIPPED

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

NO

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.)**

NO

*** WILL THERE BE A TENT?**

YES

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

YES

If YES, list structures:

a bounce house

*** 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**

Douglas Becker

*** DATE**

09/29/2025

* 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.