

**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](mailto: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](mailto:sarah@orlandparkchamber.org)

**\* CHAIRPERSON OF SPECIAL EVENT**

Dan McMillan

**\* CHAIRPERSON ADDRESS**

8100 W. 159th Street  
Orland Park IL 60462

**\* PHONE #**

(708) 764-3612

**\* EMAIL**

[dmcmillan@rizzacars.com](mailto:dmcmillan@rizzacars.com)

**\* 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](mailto:sarah@orlandparkchamber.org)

**\* LOCATION AND ADDRESS OF EVENT**

Porsche Orland Park 8760 W. 159th Street Orland Park, IL 60462

**\* TYPE OF EVENT:**

Board installation, award ceremony and networking

**\* EVENT ON PUBLIC PROPERTY**

PUBLIC DEMONSTRATION

**\* EVENT ON PRIVATE PROPERTY**

INDOOR EVENT

COMMERCIAL FILMING/PICTURES

NON-COMMERCIAL FILMING/PICTURES ON PUBLIC PROPERTY

**\* DESCRIPTION OF EVENT**

This is one of OPACC's signature events that unites the business and nonprofit communities for an evening of celebration and networking. This event not only honors the achievements of the Chamber and its members but also welcomes new leadership to the Board of Directors.

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

Thursday, February 5, 2026 6-9:30 p.m.

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

02/05/2026 9:00 AM

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

02/06/2026 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:**

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

NO

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)**

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.)**

YES

**If YES, list structures:**

Small stage/riser with podium along with round tables and chairs for guests

**\* 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

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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.**

\*\*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**

Sarah A. Stasukewicz

**\* DATE**

01/05/2026

\* 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.