| | |
|---|---|
| **From:** | Village of Orland Park, IL |
| **To:** | Ray Piattoni; Greg Bruggeman; Vincent Doria; Tiffany Cooper; Jennifer Farrell; Suzanne Koleno; Jill Hodge |
| **Subject:** | *NEW SUBMISSION* Special Event Permit Application |
| **Date:** | Wednesday, May 6, 2026 10:57:34 AM |

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**[External Mail]** Use caution with links and attachments.

**Special Event Permit Application**

| | |
|---|---|
| **Submission #:** | 4808349 |
| **IP Address:** | 2607:fb90:a081:e953:5c5a:1fb3:241b:97f7 |
| **Submission Date:** | 05/06/2026 10:56 |
| **Survey Time:** | 5 minutes, 4 seconds |

You have a new online form submission.
Note: all answers displaying "*****" are marked as sensitive and must be viewed after your login.

**Permit #**

**BUSINESS OR ORGANIZATION NAME**

DEAN'S GREENS FARMSTAND

**BUSINESS OR ORGANIZATION NAME ADDRESS**

DEAN'S GREENS FARMSTAND - BOLEY FARM
8101 W 151ST STREET
ORLAND PARK, IL 60462

**PHONE #**

(708) 275-8353

**EMAIL**

info@shopdeansgreens.com

**CONTACT PERSON**

DEAN DROUGAS

**CONTACT PERSON ADDRESS**

8101 W 151ST STREET
ORLAND PARK, IL 60462

**PHONE #**

(708) 275-8353

**EMAIL**

info@shopdeansgreens.com

**CHAIRPERSON OF SPECIAL EVENT**

DEAN DROUGAS

**CHAIRPERSON ADDRESS**

13732 mccabe drive
Orland Park, il 60467

**PHONE #**

(708) 275-8353

**EMAIL**

info@shopdeansgreens.com

**EVENT DAY CONTACT PERSON**

DEAN DROUGAS

**EVENT DAY CONTACT PERSON ADDRESS**

13732 mccabe drive
Orland Park, il 60467

**PHONE #**

(708) 275-8353

**EVENT DAY CONTACT PERSON EMAIL**

info@shopdeansgreens.com

**LOCATION AND ADDRESS OF EVENT**

8101 W 151ST STREET

**TYPE OF EVENT:**

FARMERS MARKET

**EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

**EVENT ON PRIVATE PROPERTY**

OUTDOOR SALES - PER DAY

**COMMERCIAL FILMING/PICTURES**

NON-COMMERCIAL FILMING/PICTURES ON PUBLIC PROPERTY

**Section Break**

**DESCRIPTION OF EVENT**

vendor market

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

JUNE 13TH, JULY 11TH, AUGUST 8TH, SEPTEMBER 12TH, OCTOBER 10TH

**SET-UP DATE & TIME**

06/13/2026 08:00 AM

**TEAR-DOWN DATE & TIME**

06/13/2026 03:00 PM

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

100-200

**(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 #**

**EMAIL**

info@shopdeansgreens.com

**WILL GENERATORS BE UTILIZED?**

YES

**If YES, please describe the size/type:**

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

NO

**PHONE #**

(708) 275-8353

**EMAIL**

info@shopdeansgreens.com

**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.)**

NO

**If YES, list structures:**

**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.)**

**Attachment**

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

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

**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.**

13732 mccabe drive

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

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

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

**APPLICANT NAME**

DEAN DROUGAS

**DATE**

05/06/2026 12:00 AM

**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.

Thank you,
**Village of Orland Park, IL**

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