

Permit #

SKIPPED

*** BUSINESS OR ORGANIZATION NAME**

Orland Township

*** BUSINESS OR ORGANIZATION NAME ADDRESS**

Orland Township 14807 Ravinia Avenue
Orland Park IL 60462

*** PHONE #**

(708) 403-4222

*** EMAIL**

ginac@orlandtownship.org

*** CONTACT PERSON**

Gina Chigaros

*** CONTACT PERSON ADDRESS**

14807 Ravinia Avenue
Orland Park Illinois 60462

*** PHONE #**

(708) 403-4222

*** EMAIL**

ginac@orlandtownship.org

*** CHAIRPERSON OF SPECIAL EVENT**

Gina Chigaros

*** CHAIRPERSON ADDRESS**

14807 Ravinia Avenue
Orland Park Illinois 60462

*** PHONE #**

(708) 403-4222

*** EMAIL**

ginac@orlandtownship.org

*** EVENT DAY CONTACT PERSON**

Gina Chigaros

*** EVENT DAY CONTACT PERSON ADDRESS**

14807 Ravinia Avenue
Orland Park Illinois 60462

*** PHONE #**

(312) 505-0584

*** EVENT DAY CONTACT PERSON EMAIL**

ginac@orlandtownship.org

*** LOCATION AND ADDRESS OF EVENT**

14807 Ravinia Avenue

*** TYPE OF EVENT:**

Minds Matter 2024- Mental Health Fair

*** EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

*** EVENT ON PRIVATE PROPERTY**

OUTDOOR EVENT

COMMERCIAL FILMING/PICTURES

*** DESCRIPTION OF EVENT**

Mental Health Awareness event focusing on the importance of mental health. While walking Orland Township grounds and illuminating lanterns, food, live music and mental health resources will be available.

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

Thursday, May 16, 2024 6:30 - 8:30 pm.

*** SET-UP DATE & TIME**

05/15/2024 2:00 PM

*** TEAR-DOWN DATE & TIME**

05/17/2024 8:00 AM

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

150

(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) 403-4222

EMAIL

ginac@orlandtownship.org

*** 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)**

YES

PHONE #

(708) 403-4222

EMAIL

ginac@orlandtownship.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.)**

YES

If YES, list structures:

Stage for live music.

*** 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.)

****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.

10118 S TURNER AVE

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**

Gina Chigaros

*** DATE**

04/17/2024

* 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.

TOWNSHIP OF ORLAND

RECEIVED

APR 18 2024



April 15, 2024

Paul A. O'Grady
Supervisor

Cindy M. Murray
Clerk

Patrick Feldner
Maria Sanfilippo
John Lynch
Michael Maratea
Trustees

Rich E. Kelly
Assessor

Antonio Rubino
Highway Commissioner

Office Locations

Administrative Office
Assessor's Office
Youth & Family
Counseling Services
14807 S. Ravinia Avenue
Orland Park • IL 60462

Main Fax Number
(708) 403-4260

Administrative Office &
Youth & Family Counseling
Services Office
Telephone Number
(708) 403-4222

Assessor's Office
Telephone Number
(708) 403-4712

Highway Department Office
16125 S. Wolf Road
Orland Park • IL 60467

Telephone Number
(708) 403-5148

Fax Number
(708) 403-5165

www.orlandtownship.org

Village of Orland Park
14700 Ravinia Avenue
Orland Park, IL 60462

Village of Orland Park,

Orland Township is looking forward to hosting a new event, Minds Matter 2024, on Thursday, May 16, 2024, from 6:30 p.m. to 8:30 p.m. The goal for this event is to focus on the importance of mental health and pay tribute to those who have suffered in silence. Minds Matter will host lantern lighting (battery operated), vendors/resources, live music, local food, and a brief group walk around the Township building grounds.

We anticipate a few hundred guests for this community event. As Supervisor of Orland Township, the Minds Matter event is approved to occur on the Township's property, which is owned by Orland Township.

For further assistance, please contact Youth & Family Services Coordinator, Gina Chigaros, GinaC@orlandtownship.org, or Executive Administrator Lindsay Trost, via email LindsayT@orlandtownship.org, or via phone 708-403-4222.

Sincerely,

Paul O'Grady
Supervisor
Orland Township

TOWNSHIP OF ORLAND



Paul A. O'Grady
Supervisor

Cindy M. Murray
Clerk

Patrick Feldner
Maria Sanfilippo
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Main Fax Number
(708) 403-4260

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Youth & Family Counseling
Services Office
Telephone Number
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Highway Department Office
16125 S. Wolf Road
Orland Park • IL 60467

Telephone Number
(708) 403-5148

Fax Number
(708) 403-5165

www.orlandtownship.org

April 10, 2024

Village Clerk Patrick R. O'Sullivan
Village of Orland Park
14700 South Ravinia Avenue
Orland Park, IL 60462

Dear Clerk O'Sullivan:

Along with the application for a license to sell raffle tickets at our event Minds Matter, the Orland Township Board submits this letter in response to the fidelity bond requirement.

The Orland Township Board unanimously voted in favor of waiving the fidelity bond. We are aware of the risks involved, but we agreed that the prize values are not extreme enough to warrant a bond.

If you have any questions, please contact Gina Chigaros at (708) 403-4222.

Sincerely,

Paul O'Grady
Supervisor

Cindy Murray
Clerk

Patrick Feldner
Trustee

John Lynch
Trustee

Maria Sanfilippo
Trustee

Michael Maratea
Trustee

Year: _____

**VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462**

(To be completed by Village staff)

Date Approved: _____

Date Denied: _____

Approval: _____
Village Manager

Expires: _____

**APPROVED APPLICATION
SERVES AS LICENSE**

**APPLICATION FOR LICENSE TO SELL
RAFFLE TICKETS**

(This is a three-page application)

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the License as granted. **Applications must be submitted at least 30 days prior to the raffle date requested.** For information or questions, please call (708) 403-6150.

~Each license is valid for not more than 1 raffle per week during any 1 year period.~

**NAMES OF UNDERSIGNED ORGANIZATION OFFICERS
(PERSONS SUBMITTING APPLICATION)**

DATE OF APPLICATION: _____

PRESIDENT OR PRESIDING OFFICER: _____

SECRETARY: _____

ADDRESS OF APPLICANT: _____

4/10/24
Paul D'Grady
Mandy Mundy
14807 RAVINIA AVE.

SPONSORING ORGANIZATION
REQUESTING LICENSE: _____

Orland Township

ADDRESS OF SPONSORING
ORGANIZATION: _____

14807 RAVINIA AVE
ORLAND PARK, IL 60462

NAME AND ADDRESS
OF RAFFLE
MANAGER: _____

SUSAN BENSON

PHONE _____

708-403-4222

ADDRESS OF PLACE(S) OR AREA(S) WHERE CHANCES ARE TO BE SOLD OR ISSUED: _____

14807 RAVINIA AVE. ORLAND PARK, IL 60462

PURPOSE OF RAFFLE: _____

FUNDRAISING

TIME PERIOD WHICH RAFFLE CHANCES WILL BE SOLD OR ISSUED: _____

5/10/24

MAXIMUM NUMBER OF RAFFLE CHANCES TO BE SOLD OR ISSUED: _____

1000

PRICE OF CHANCES: _____ TOTAL PRIZE VALUE: _____

\$1.00

LARGEST
SINGLE PRIZE: _____

\$500.00

TIME, DATE AND LOCATION WHERE WINNING RAFFLE CHANCE WILL BE DETERMINED:

8:00 PM 5/16/24 14807 RAVINIA AVE ORLAND PARK, IL
Time Date Location of Raffle Drawing (Address, City, State)

CHECK TYPE OF NON-PROFIT ORGANIZATION AND ATTACH DOCUMENTATION

Religious _____ Charitable _____ Labor _____ Fraternal _____ Business Local Government
Educational _____ Veterans' Organization _____ Law Enforcement Agency/ Association _____

*Non-Profit Fund Raising _____

*(check this box if organized solely to raise funds for an individual or group of individuals suffering extreme financial hardship, as a result of illness, disability, accident or disaster)

LENGTH OF TIME ORGANIZATION HAS BEEN IN EXISTENCE: Established 1850

PLACE AND DATE OF INCORPORATION OF ORGANIZATION: _____

IF NOT A CORPORATION, STATE WHEN AND HOW ORGANIZED: _____

NUMBER OF MEMBERS OF ORGANIZATION THAT RESIDE IN VILLAGE: _____

NAME OF COMPANY, PRIMARY BUSINESS ADDRESS, NAME OF PRIMARY CONTACT AND AUTHORIZED AGENT, E-MAIL ADDRESS FOR PRIMARY CONTACT, TELEPHONE NUMBER OF ANY THIRD PARTY ORGANIZATION ("THIRD PARTY RAFFLE OPERATOR/ VENDOR") CONTRACTED BY THE ORGANIZATION (RAFFLE MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THIRD-PARTY CONTRACTED PARTIES COMPLY WITH ALL APPLICABLE STATUTES, ORDINANCES AND OTHER REGULATIONS)

ORLAND TOWNSHIP
14807 RAVINIA AVE ORLAND PARK, IL 60477 708-403-4222

The undersigned, under oath attest that we have read and understand Ordinance #5550 entitled "An ordinance of the Village of Orland Park Amending Title 7, Chapter 16 (Raffles) of the Orland Park Village Code" and we further attest to the non-profit character of the prospective license organization.

Further the undersigned attest that they comply with all provisions of Ordinance #5550 and understand that violations of this ordinance are subject to fines of not less than one-hundred dollars (\$100.00) and not more than seven-hundred-and-fifty dollars (\$750.00) per violation.

President or Presiding Officer

Paul O'Grady
Type or Print Name
Paul O'Grady
Signature:

ATTEST:

Secretary:

Cindy Murray
Type or Print Name

Signature:

Cindy M. Murray

ATTEST:

**Third Party
Operator/Vendor:**

Type or Print Name

Signature:

SUBSCRIBED AND SWORN TO

before me this 10th

day of April, 2024.

Lindsay S. Trost UndkayTrost
(Notary Public)



Commission Expires: 07/16/2026

/as
11/18



TOWNSHOR01

TDABRAMO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Alliant Insurance Services, Inc. 353 N Clark St 11th Fl Chicago, IL 60654
CONTACT NAME: Talia D'Abramo
PHONE (A/C, No, Ext): (949) 242-6273
E-MAIL ADDRESS: Talia.DAbramo@alliant.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Illinois Counties Risk Management Trust NAIC #: 00000

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

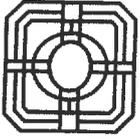
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella/Excess Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Orland Park is included as an additional insured on general liability coverage only when required by written contract.

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: Village of Orland Park 14700 Ravinia Avenue Orland Park, IL 60462
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
708-403-5300
www.orlandpark.org

Permit # _____

SPECIAL EVENT - TENT RULES & REQUIREMENTS

- ✓ A site plan is required showing where the tent/event will be set up and the dimensions of the tent.
- ✓ The tent shall not obstruct any accessible parking spaces, fire lanes, fire hydrants or fire department connections.
- ✓ A flame resistant certificate per NFPA 701 or ASTM E 84 by an acceptable testing laboratory for tents in excess of 400 square feet.
- ✓ If you are leasing your business space, written permission from your landlord is required!
- ✓ Tents are only allowed on the site where your business is located. No off site tents are allowed.
- ✓ A note on the submitted plans stating, "No smoking, no fireworks, no open flames or devices emitting open flame or fire will be used in the tent."
- ✓ A note on the submitted plans stating "a 4A 60BC fire extinguisher will be provided and mounted no higher than 48" above finished floor to the handle."
- ✓ If you are using a tent with the side down, defined exits shall be required to be shown on the plans based on the number of attendants.
- ✓ Occupant load signs will be printed by the Building Division and placed at the tent entrances/exits.

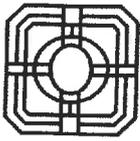
TENT #	SIZE	LOCATION
1.	30 X 60	ORLAND TOWNSHIP 14807 RAVINIA AVE ORLAND PARK, IL 60462
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Elena Chuganov
Applicant Printed Name

Elena Chuganov
Applicant Signature

4/17/24
Date

BUILDING OFFICIAL



Canopy / Tent Fire Code Requirements

Below are the Code sections from the 2006 International Fire Code for reference only.

2403.8.1 Access. Fire apparatus access roads shall be provided in accordance with Section 503.

2403.8.2 Location. Tents, canopies or membrane structures shall not be located within 20 feet (6096 mm) of lot lines, buildings, other tents, canopies or membrane structures, parked vehicles or internal combustion engines. For the purpose of determining required distances, support ropes and guy wires shall be considered as part of the temporary membrane structure, tent or canopy.

2. Membrane structures, tents or canopies need not be separated from buildings when all of the following conditions are met:
- 2.1. The aggregate floor area of the membrane structure, tent or canopy shall not exceed 10,000 square feet (929 m²).
 - 2.2. The aggregate floor area of the building and membrane structure, tent or canopy shall not exceed the allowable floor area including increases as indicated in the *International Building Code*.
 - 2.3. Required means of egress provisions are provided for both the building and the membrane structure, tent or canopy, including travel distances.
 - 2.4. Fire apparatus access roads are provided in accordance with Section 503.

2403.9 Anchorage required. Tents, canopies or membrane structures and their appurtenances shall be adequately roped, braced and anchored to withstand the elements of weather and prevent against collapsing. Documentation of structural stability shall be furnished to the fire code official on request.

2403.12.5 Aisle. The width of aisles without fixed seating shall be in accordance with the following:

1. In areas serving employees only, the minimum aisle width shall be 24 inches (610 mm) but not less than the width required by the number of employees served.
2. In public areas, smooth-surfaced, unobstructed aisles having a minimum width of not less than 44 inches (1118 mm) shall be provided from seating areas, and aisles shall be progressively increased in width to provide, at all points, not less than 1 foot (305 mm) of aisle width for each 50 persons served by such aisle at that point.

2403.12.6 Exit signs. Exits shall be clearly marked. Exit signs shall be installed at required exit doorways and where otherwise necessary to indicate clearly the direction of egress when the exit serves an occupant load of 50 or more.

2403.12.6.1 Exit sign illumination. Exit signs shall be of an approved self-luminous type or shall be internally or externally illuminated by luminaires supplied in the following manner:

1. Two separate circuits, one of which shall be separate from all other circuits, for occupant loads of 300 or less; or
2. Two separate sources of power, one of which shall be an approved emergency system, shall be provided when the occupant load exceeds 300. Emergency systems shall be supplied from storage batteries or from the on-site generator set, and the system shall be installed in accordance with the *ICC Electrical Code*.

2404.3 Label. Membrane structures, tents or canopies shall have a permanently affixed label bearing the identification of size and fabric or material type.

2404.4 Certification. An affidavit or affirmation shall be submitted to the fire code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to the following information relative to the flame propagation performance criteria of the fabric:

1. Names and address of the owners of the tent, canopy or air-supported structure.
2. Date the fabric was last treated with flame-retardant solution.
3. Trade name or kind of chemical used in treatment.
4. Name of person or firm treating the material.
5. Name of testing agency and test standard by which the fabric was tested.

2404.6 Smoking. Smoking shall not be permitted in tents, canopies or membrane structures. Approved "No Smoking" signs shall be conspicuously posted in accordance with Section 310.

2404.7 Open or exposed flame. Open flame or other devices emitting flame, fire or heat or any flammable or combustible liquids, gas, charcoal or other cooking device or any other unapproved devices shall not be permitted inside or located within 20 feet (6096 mm) of the tent, canopy or membrane structures while open to the public unless approved by the fire code official.

2404.11 Clearance. There shall be a minimum clearance of at least 3 feet (914 mm) between the fabric envelope and all contents located inside the tent or membrane structure.

2404.12 Portable fire extinguishers. Portable fire extinguishers shall be provided as required by Section 906.

2404.15.6 Outdoor cooking. Outdoor cooking that produces sparks or grease-laden vapors shall not be performed within 20 feet (6096 mm) of a tent, canopy or membrane structure unless approved by the Fire Code Official.

Certificate of Flame Resistance



Registered Application Number

F-12229

ISSUED BY

Central Tent Ringgold, GA

Date of Manufacture:

6/25/19

This is to certify that the materials described have been flame retardant treated (or are inherently nonflammable).

FOR Sanchez & Son's Party Rentals

ADDRESS 2637 W 122nd Street

CITY Blue Island

STATE IL

ZIP 60406

Certification is hereby made that:

The articles described on this certificate have been treated with a flame-retardant fabric or material registered and approved by the State of California Fire Marshal. The article meets the NFPA-701 Flame retardant standard.

Trade name of flame-resistant fabric or material used: Lam-Text Reg. F-12229

The Flame Retardant Process Used will not be Removed by Washing.

Type, Color, and weight of canvas / vinyl: 15 Oz White Vinyl

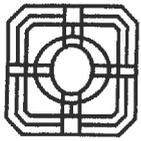
Description: 30x60 5pc Standard Top White

Name of Applicator of Flame Resistant Finish:
Herculite

SIGNATURE



CENTRAL TENT MANUFACTURER



ORLAND PARK

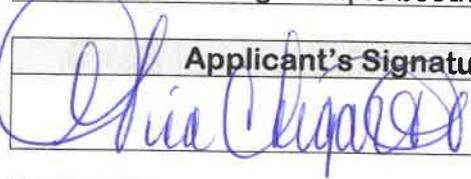
DEVELOPMENT SERVICES DEPARTMENT
 14700 RAVINIA AVENUE
 ORLAND PARK, ILLINOIS 60462
 708-403-5300
www.orlandpark.org

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Event Information		Application Date: 4/17/24		
Event Name: MINDS MATTER				
Location: ORLAND TOWNSHIP 14807 RAVINIA AVENUE ORLAND PARK, IL 60462				
Set Up Date: 5/10/24		Set Up Time: 3:00 PM	Event Times: 6:30-8:30 PM	
Event Dates: Starting 5 / 10 / 24 / Ending: 5 / 10 / 24 /				
Will be at this location for 1 days/dates. If not consecutive days, list dates here:				
Date:	Date:	Date:	Date:	Date:

*This permit is only good for one location, for a maximum of the fourteen (14) days listed above.

Vendor Information		
Organization/Business Name: ORLAND TOWNSHIP		
Address: 14807 RAVINIA AVE		
City: ORLAND PARK	State: IL	Zip Code: 60462
Phone#: 708-403-4222	Illinois State Tax ID#:	
Organization Chairperson/Business Owner		
Name: EVA CHIGAROS	Phone#: 708-403-4222	
For vendors using multiple booths note Booth #:		

	Applicant's Signature	Printed Name
		EVA CHIGAROS

Health Inspector's Signature	Printed Name

*Application and fee shall be received at least 30 days in advance of the event. Sanitarian must approve menu and booth questionnaire before a permit can be issued.
 *Fee is payable by cash, check or Visa/MasterCard at the Village Hall. The fee is nonrefundable.

For Office Use Only			
Permit Type:	<input type="checkbox"/> Food Festival	<input type="checkbox"/> School	<input type="checkbox"/> Other
San ID #:	Risk Type:		
Fee Type:	Fee Amount:		

Permit #	Date Issued:
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Menu and Procedure Review		
Food to be Prepared	Supplier Information	Process of Transportation/Preparation to Event
<i>i.e. Hamburger</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated container, held in commercial freezer, cooked on site to serve</i>
<i>i.e. Cooked Rice</i>	<i>Sysco</i>	<i>Made at restaurant, transported in insulated container and held at steam table</i>
<i>HOT DOGS</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated cooler, held in freezer. Prepared by qualified food handler.</i>
<i>HAMBURGERS</i>	<i>Gordon's Food Service</i>	<i>" " SEE ABOVE</i>
<i>JOEY'S</i>	<i>Gelato Truck</i>	<i>MADE AT RESTAURANT, TRANSPORTED VIA FOOD TRUCK & SERVED BY RESTAURANT.</i>
<i>BI'S BrewHouse Cookies or Pizza</i>		<i>Prepared and transported by supplier to be served at event.</i>

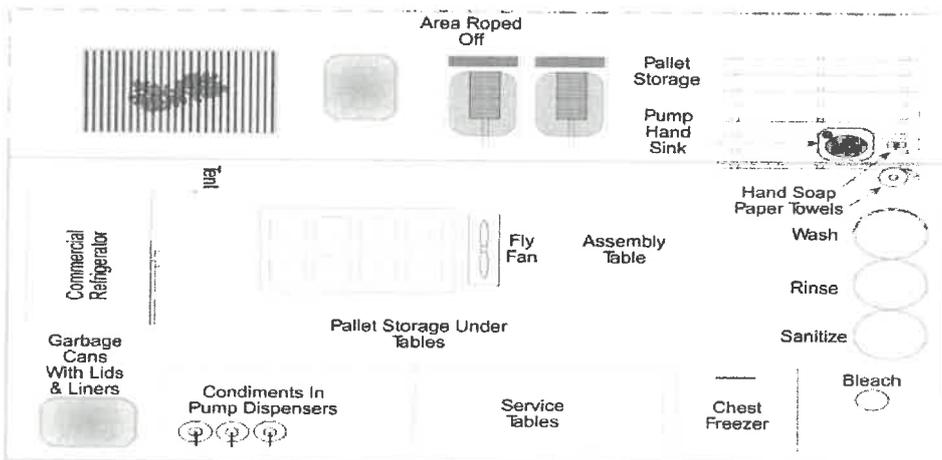
Answer the following questions about what equipment will be provided at your booth:

Where will your booth be located?

Indoor

Outdoor

	Yes	N/A
Approved transportation equipment for hot and cold foods.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical hot holding equipment (i.e., no heat lamps or crockpots).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical cold holding commercial refrigeration or freezers (i.e., no household refrigerators).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Probe and equipment thermometers for checking food and equipment temperatures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flooring and overhead cover, if not provided by the organizer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dunnage racks or pallets to store all food and paper goods off the ground.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional clean, wrapped cooking utensils.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispensers for condiments (i.e., pre-packages, squeeze bottles or hinged lid containers).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities with paper towels and liquid hand soap (i.e., a camp sink or a container with a hands free tap and a bucket to catch the waste water).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean clothes and hair covering (i.e., cap, visor, or bandana) for employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wash, rinse and sanitize containers that are large enough to hold soiled utensils.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies (i.e., dish soap, sanitizer, sanitizer test strips, brooms, trash bags, and garbage cans with lids).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wiping cloths and extra buckets, fans, containers for used cooking oil, and charcoal, extension cords, fire extinguishers, and first aid kits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All food is obtained from approved commercial sources (i.e., local stores, distributors, or restaurants). Home prepared food is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor bringing prepared food from outside the Village of Orland Park – A current health inspection report for facility where food was prepared is required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Example Booth Layout

Provide Booth Layout with your Completed Application



Certificate of Achievement



#0655
ASTM E2659
Certificate Issuer

This certificate is awarded to
WILLIAM BRADY

Congratulations! You have completed
ServSafe® Food Handler
Employee Food Safety Online Course and Exam

National Restaurant Association
233 S. Wacker Drive, Suite 3600
Chicago, IL 60606-6383
800.765.2122 in Chicago area 312.715.1010
Restaurant.org | ServSafe.com

Certificate Number **5315048** Date **10/22/2021**
Expiration Date **10/22/2024**





ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
 14700 RAVINIA AVENUE
 ORLAND PARK, ILLINOIS 60462
 708-403-5300
www.orlandpark.org

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Event Information		Application Date: 4/17/24		
Event Name: MINDS MATTER				
Location: ORLAND TOWNSHIP 14807 RAVINIA AVENUE ORLAND PARK, IL 60462				
Set Up Date: 5/16/24	Set Up Time: 3:00 PM	Event Times: 6:30-8:30 PM		
Event Dates: Starting 5/16/24 Ending: 5/16/24				
Will be at this location for 1 days/dates. If not consecutive days, list dates here:				
Date:	Date:	Date:	Date:	Date:

*This permit is only good for one location, for a maximum of the fourteen (14) days listed above.

Vendor Information		
Organization/Business Name: ORLAND TOWNSHIP		
Address: 14807 RAVINIA AVE		
City: ORLAND PARK	State: IL	Zip Code: 60462
Phone#: 708-403-4222	Illinois State Tax ID#:	
Organization Chairperson/Business Owner		
Name: GINA CHIGAROS	Phone#: 708-403-4222	
For vendors using multiple booths note Booth #:		

Applicant's Signature	Printed Name
	GINA CHIGAROS

Health Inspector's Signature	Printed Name
	Kyle Moy

*Application and fee shall be received at least 30 days in advance of the event. Sanitarian must approve menu and booth questionnaire before a permit can be issued.
 *Fee is payable by cash, check or Visa/MasterCard at the Village Hall. The fee is nonrefundable.

For Office Use Only			
Permit Type:	<input type="checkbox"/> Food Festival	<input type="checkbox"/> School	<input type="checkbox"/> Other
San ID #:	Risk Type:		
Fee Type:	Fee Amount:		

No health inspection required for Township, but VOP will be on site to inspect Joey's (separate app being filled out). *KAR*

Permit #	Date Issued:
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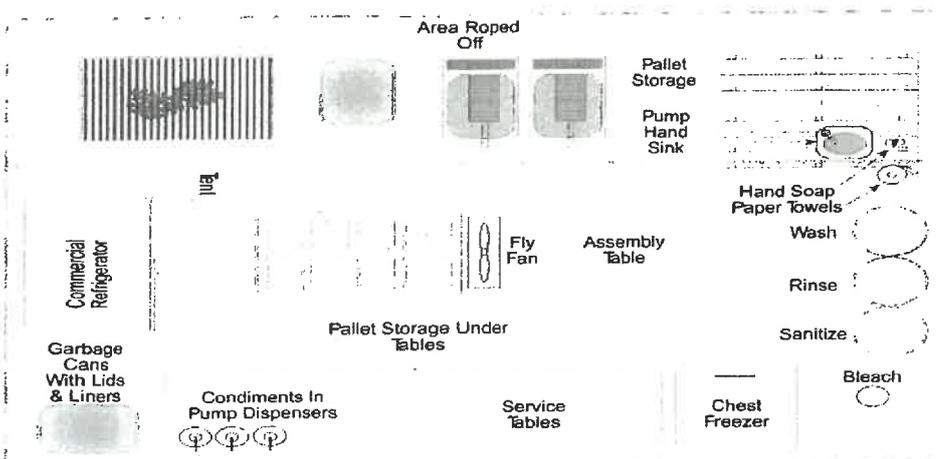
Menu and Procedure Review

Food to be Prepared	Supplier Information	Process of Transportation/Preparation to Event
<i>i.e. Hamburger</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated container, held in commercial freezer, cooked on site to serve</i>
<i>i.e. Cooked Rice</i>	<i>Sysco</i>	<i>Made at restaurant, transported in insulated container and held at steam table</i>
<i>HOT DOGS</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated cooler, held in freezer. Prepared by qualified food handler.</i>
<i>HAMBURGERS</i>	<i>Gordon's Food Service</i>	<i>" " SEE ABOVE ↑</i>
<i>JOEY'S</i>	<i>Gelato Truck</i>	<i>Made at restaurant, transported via food truck, served by RESTAURANT.</i>
<i>BT's BrewHouse Cookies or Pizza</i>		<i>Prepared and transported by Supplier to be served at event.</i>

-r. 1/24 + will send app. TO Vop. (K)

Answer the following questions about what equipment will be provided at your booth:

Where will your booth be located?	<input type="checkbox"/> Indoor	<input checked="" type="checkbox"/> Outdoor	Yes	N/A
Approved transportation equipment for hot and cold foods.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical hot holding equipment (i.e., no heat lamps or crockpots).			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical cold holding commercial refrigeration or freezers (i.e., no household refrigerators).			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Probe and equipment thermometers for checking food and equipment temperatures.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flooring and overhead cover, if not provided by the organizer.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dunnage racks or pallets to store all food and paper goods off the ground.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional clean, wrapped cooking utensils.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispensers for condiments (i.e., pre-packages, squeeze bottles or hinged lid containers).			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities with paper towels and liquid hand soap (i.e., a camp sink or a container with a hands free tap and a bucket to catch the waste water).			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean clothes and hair covering (i.e., cap, visor, or bandana) for employees.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wash, rinse and sanitize containers that are large enough to hold soiled utensils.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies (i.e., dish soap, sanitizer, sanitizer test strips, brooms, trash bags, and garbage cans with lids).			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wiping cloths and extra buckets, fans, containers for used cooking oil, and charcoal, extension cords, fire extinguishers, and first aid kits.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All food is obtained from approved commercial sources (i.e., local stores, distributors, or restaurants). Home prepared food is prohibited.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor bringing prepared food from outside the Village of Orland Park – A current health inspection report for facility where food was prepared is required.			<input type="checkbox"/>	<input checked="" type="checkbox"/>



Example Booth Layout

Provide Booth Layout with your Completed Application



Certificate of Achievement

This certificate is awarded to

WILLIAM BRADY

Congratulations! You have completed

ServSafe® Food Handler
Employee Food Safety Online Course and Exam



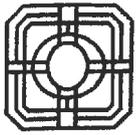
#0655
ASTM E2659
Certificate Issuer

National Restaurant Association
233 S. Wacker Drive, Suite 3600
Chicago, IL 60606-6383
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Certificate Number **5315048** Date **10/22/2021**

Expiration Date **10/22/2024**





ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
 14700 RAVINIA AVENUE
 ORLAND PARK, ILLINOIS 60462
 708-403-5300
www.orlandpark.org

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Event Information		Application Date: 4/19/24		
Event Name: MINDS MATTER 2024				
Location: ORLAND TOWNSHIP 14207 RAVINIA AVE Orland Park, IL				
Set Up Date: 5/17/24		Set Up Time: 5:30 PM		Event Times: 6:30 - 8:30
Event Dates: Starting 5 1 17 1 24 1 Ending: 5 1 17 1 24 1				
Will be at this location for _____ days/dates. If not consecutive days, list dates here:				
Date:	Date:	Date:	Date:	Date:

*This permit is only good for one location, for a maximum of the fourteen (14) days listed above.

Vendor Information		
Organization/Business Name: JOEY'S RED HOT'S		
Address: 17400 WOLF Rd.		
City: ORLAND PARK	State: IL	Zip Code: 60467
Phone#: 708-654-8000	Illinois State Tax ID#:	
Organization Chairperson/Business Owner		
Name: Gina Chigaris		Phone#: 708-403-4222
For vendors using multiple booths note Booth #:		

Applicant's Signature	Printed Name
	Gina Chigaris

Health Inspector's Signature	Printed Name
	Kyle May

*Application and fee shall be received at least 30 days in advance of the event. Sanitarian must approve menu and booth questionnaire before a permit can be issued.
 *Fee is payable by cash, check or Visa/MasterCard at the Village Hall. The fee is nonrefundable.

For Office Use Only			
Permit Type:	<input type="checkbox"/> Food Festival	<input type="checkbox"/> School	<input type="checkbox"/> Other
San ID #:	Risk Type:		
Fee Type:	Fee Amount:		

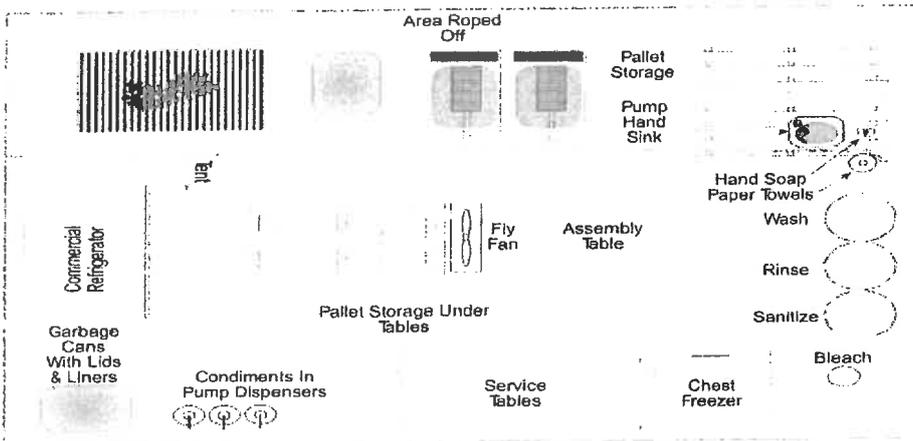
No Health inspection required. (KW) Gelato truck w/ frozen gelato only. Orland Township to verify hand washing available on Truck + freezers frozen prior to operation. (KW)

Permit #	Date Issued:
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Menu and Procedure Review		
Food to be Prepared	Supplier Information	Process of Transportation/Preparation to Event
<i>i.e. Hamburger</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated container, held in commercial freezer, cooked on site to serve</i>
<i>i.e. Cooked Rice</i>	<i>Sysco</i>	<i>Made at restaurant, transported in insulated container and held at steam table</i>
<i>GELATO</i>	<i>JOEY'S</i>	<i>SERVED FROM FOOD TRUCK</i>

Answer the following questions about what equipment will be provided at your booth:

Where will your booth be located?	<input type="checkbox"/> Indoor	<input checked="" type="checkbox"/> Outdoor	Yes	N/A
Approved transportation equipment for hot and cold foods.			<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hot holding equipment (i.e., no heat lamps or crockpots).			<input type="checkbox"/>	<input type="checkbox"/>
Mechanical cold holding commercial refrigeration or freezers (i.e., no household refrigerators).			<input type="checkbox"/>	<input type="checkbox"/>
Probe and equipment thermometers for checking food and equipment temperatures.			<input type="checkbox"/>	<input type="checkbox"/>
Flooring and overhead cover, if not provided by the organizer.			<input type="checkbox"/>	<input type="checkbox"/>
Dunnage racks or pallets to store all food and paper goods off the ground.			<input type="checkbox"/>	<input type="checkbox"/>
Additional clean, wrapped cooking utensils.			<input type="checkbox"/>	<input type="checkbox"/>
Dispensers for condiments (i.e., pre-packages, squeeze bottles or hinged lid containers).			<input type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities with paper towels and liquid hand soap (i.e., a camp sink or a container with a hands free tap and a bucket to catch the waste water).			<input type="checkbox"/>	<input type="checkbox"/>
Clean clothes and hair covering (i.e., cap, visor, or bandana) for employees.			<input type="checkbox"/>	<input type="checkbox"/>
Wash, rinse and sanitize containers that are large enough to hold soiled utensils.			<input type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies (i.e., dish soap, sanitizer, sanitizer test strips, brooms, trash bags, and garbage cans with lids).			<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths and extra buckets, fans, containers for used cooking oil, and charcoal, extension cords, fire extinguishers, and first aid kits.			<input type="checkbox"/>	<input type="checkbox"/>
All food is obtained from approved commercial sources (i.e., local stores, distributors, or restaurants). Home prepared food is prohibited.			<input type="checkbox"/>	<input type="checkbox"/>
Vendor bringing prepared food from outside the Village of Orland Park – A current health inspection report for facility where food was prepared is required.			<input type="checkbox"/>	<input type="checkbox"/>



Example Booth Layout

Provide Booth Layout with your Completed Application

Gelato Truck layout

