Permit #
SKIPPED

* **BUSINESS OR ORGANIZATION NAME**
Orland Park Crossing / Edwards Realty Company

* BUSINESS OR ORGANIZATION NAME ADDRESS
Orland Park Crossing/Edwards Realty Company
14400 S. John Humphrey Drive
Suite 200 Orland Park 60462

* PHONE #
(708) 923-6312

* **EMAIL**
michele@edwardsrealtyco.com

* CONTACT PERSON
Michele Cruse

* CONTACT PERSON ADDRESS
Michele Cruse
14400 S. John Humphrey Drive, Suite 200
Orland Park IL 60462

* PHONE #
(708) 923-6312

* **EMAIL**
michele@edwardsrealtyco.com

* CHAIRPERSON OF SPECIAL EVENT
Michele Cruse

* CHAIRPERSON ADDRESS
14400 S. John Humphrey Drive
Suite 200
Orland Park IL 60462

* PHONE #
(708) 923-6312

* **EMAIL**
michele@edwardsrealtyco.com

* EVENT DAY CONTACT PERSON
Michele Cruse

* EVENT DAY CONTACT PERSON ADDRESS
Orland Park Crossing
9500 W. 143rd Street
Orland Park IL 60462

* PHONE #
(708) 923-6312

* **EVENT DAY CONTACT PERSON EMAIL**
michele@edwardsrealtyco.com

* **LOCATION AND ADDRESS OF EVENT**
Orland Park Crossing Shopping Center, 9500 W. 143rd Street, Orland Park, IL 60462

* **TYPE OF EVENT:**
Customer Appreciation Day "Summer Sidewalk Sale"

* EVENT ON PUBLIC PROPERTY
ALL OTHER VILLAGE PROPERTY RENTALS

* EVENT ON PRIVATE PROPERTY
OUTDOOR EVENT

COMMERCIAL FILMING/PICTURES

*** DESCRIPTION OF EVENT**
Customer Appreciation Day - "Summer Sidewalk Sale"

*** LIST DATES OF EVENT WITH HOURS OF OPERATION**
7/25, 7/26, 3pm - 6pm 7/27, 7/28 12pm - 3pm

*** SET-UP DATE & TIME**
07/25/2024 1:00 PM

*** TEAR-DOWN DATE & TIME**
07/28/2024 3:00 PM

*** APPROXIMATE NUMBER OF PERSONS INVITED AND/OR EXPECTED TO ATTEND OR PARTICIPATE**
50-100

(Additional Fees May Apply)

* WILL FOOD BE SERVED?
YES

* WILL YOUR EVENT INCLUDE A FOOD TRUCK? (Food being prepared and served from the vehicle)
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) 923-6312

EMAIL
michele@edwardsrealtyco.com

* 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?
NO

* WILL THERE BE ANY STRUCTURES OTHER THAN A TENT? (Stage, Etc.)
NO

If YES, list structures:
SKIPPED

* 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**
Michele Cruse

* **DATE**
06/25/2024

* 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.

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:** 6/25/24	
Event Name: Summer Sidewalk Sale				
Location: 14225 S 95th Ave, Orland Park				
Set Up Date: 7/25/24	**Set Up Time:** 3:30p		**Event Times:** 5-8pm	
Event Dates: Starting 7/25/24		**Ending:** 7/25/24	/ /	
Will be at this location for 3 **days/dates. If not consecutive days, list dates here:**				
Date:	**Date:**	**Date:**	**Date:**	**Date:**
	7/25/24			
	Summer Sidewalk			

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

Vendor Information		
Organization/Business Name: The Happy Lobster		
Address: 2300 S Throop St		
City: Chicago	**State:** IL	**Zip Code:** 60608
Phone#: 847-951-0905	**Fax #:**	
Organization Chairperson/Business Owner		
Name: Tyler Cullitan	**Phone#:** 847-951-0905	
For vendors using multiple booths note Booth #:		

Applicant's Signature	**Printed Name**
	Tyler Cullitan

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:	☐ Food Festival	☐ School	☐ Other
San ID #:		**Risk Type:**	
Fee Type:		**Fee Amount:**	

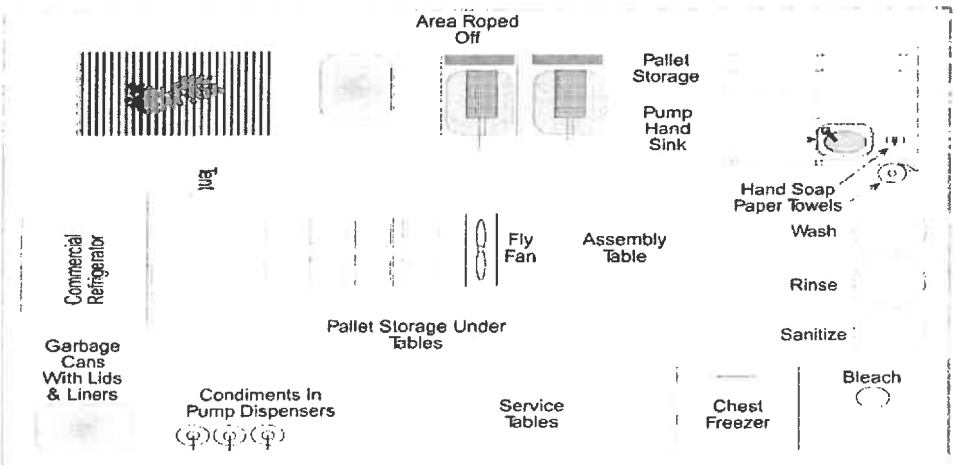
No health inspection required. VOP inspecting food truck on 7/16/24 for different event (Bingo Night). KM

Permit #	**Date Issued:**

Menu and Procedure Review		
Food to be Prepared	**Supplier Information**	**Process of Transportation/Preparation to Event**
i.e. Hamburger	*Gordon's Food Service*	*Transported in insulated container, held in commercial freezer, cooked on site to serve*
i.e. Cooked Rice	*Sysco*	*Made at restaurant, transported in insulated container and held at steam table*
Lobster	VIP Seafood	pre-cooked claw&knuckle meat, vacuum seeled b
Bread	Turano Baking	packed, held on breadrack for transport, toasted o
Cheese	Gordon Food Service	pre-sliced Havarti & White cheddar for lobster grill
Red Cabbage Slaw	Sysco	malt vinegar slaw, individual cups prepped, held in
		All prep is done on truck, parishables in fridge duri

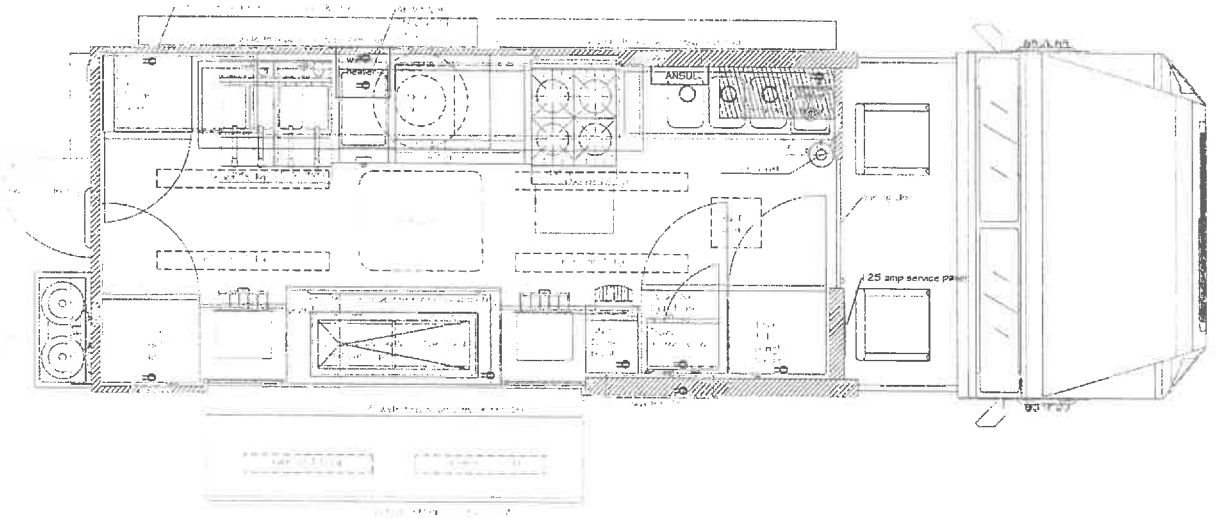
Answer the following questions about what equipment will be provided at your booth:

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



Example Booth Layout

Provide Booth Layout with your Completed Application



Prints are for quote purposes only, and may vary slightly due to manufacturing requirements.
Construction cannot begin until prints are approved & signed by customer.

APPROVED BY: _____

DATE: _____

Schantz Mfg inc.
• CUSTOM MANUFACTURING •

13480 US Hwy. 40
Highland, Illinois 62249 USA
(1) 618.654.1323
(1) 800.524.2650
Fax: (1) 618.654.5902

Name: Robinson-The Happy Lobster Truck
Title: 18' box Freightliner food truck
Quote/Work #: Date: 1-15-15
Scale: 3/4"= 1'
Drawing Loc: S:/Pros../2015/Robinson/18Plan7

Legend

- COUNTER LINES
- GLASS
- TOP CABINETS
- FRAME
- COUNTERTOP EQUIPMENT
- UNDERCOUNTER EQUIPMENT
- BOTTOM CAB

Chicago Smoke Ltd 2300 South Throop Street Chicago IL 60608

(t) 312.492.8228 (f) 312.226.0608 www.edo@chicagosmokekitchen.com

SUPPLEMENTAL SHARED KITCHEN AGREEMENT

Name of Business and Contact:	The Happy Lobster LLC (1st Food Truck*) / Alex Robinson
Date:	April 27, 2023
Address:	1170 Buttonwood Lane, Northbrook, IL 60062
Phone/ Fax Number:	847-370-0121
Email:	Alex@HappyLobsterTruck.com

The operations conducted in the supplemental shared kitchen establishment will include (check all that apply):

- ✓ Cold storage of food products
- ✓ Dry storage of foods products
- ✓ Food preparation (preparing, cutting, cooking, cooling, reheating etc)
- ✓ Cleaning/ Sanitizing of equipment and utensils
- ✓ Servicing water system (filling potable water and disposal of wastewater)
- ☐ Other (list): _____

6/25/24 Spoke w/ Chicago Smoke representative over the phone. They Confirmed agreement valid for 2 year from the date it was Signed KM

The above named supplemental shared kitchen facility has given their permission for the business known as The Happy Lobster LLC of 1170 Buttonwood Lane, Northbrook, IL 60062 to use the Chicago Smoke facility for the dates outlined in their lease, for the operations indicated.

4/27/23

For Chicago Smoke, LTD - Matthew Bratko, Food Manager — Date

Signature of Client – Alex Robinson ,Manager, The Happy Lobster LLC — Date

* FOOD TRUCK:
Truck 1
Make & Model: Freightliner MT45
VIN: 4UZAANDU2CCBX6483
Plate: 1584991

[illegible]

DUPAGE COUNTY
HEALTH DEPARTMENT
111 North County Farm Road, Wheaton, Illinois 60187
(630) 682-7400

Letter of Agreement to Use Commissary

(Complete for Risk Type IA and 2A)

DATE: June 10, 2024

TO: DuPage County Health Department

Please accept this letter as my permission for the following operator **[OPERATOR NAME:** HAPPY LOBSTER] to use my business as a commissary for their mobile vending business which includes:

- Food storage
- Supplies storage
- Maintenance of cart/truck/trailer
- Provision of clean water and disposal of waste water

Attached is a copy of my most recent inspection report from the local health authority.

Printed Name: JOHN H STAGGS II

Signature: John H Staggs II

E-mail Address: accounting.2243LLC@yahoo.com

Name of Facility/Commissary: CHICAGO SMOKE LTD

Address: 2300 S. THROOP ST. City CHICAGO

State: IL Zip: 60608 Phone: 312-492-8325

Office Use Only

Current DCHD Permit? Yes ☐ No ☐ If Yes, FS#: _____

If out of county commissary, recent inspection report received and attached ☐

Phone Verification of Commissary Completed ☐ **(Required prior to approval)**

Area Sanitarian Notification ☐ **(Required prior to approval)**

Sanitarian: _____ Date: _____

This food establishment was last inspected by the Chicago Department of Public Health

On April 02 2024

This establishment was found to be in substantial compliance with Chicago's Health Code.

Signature of Inspecting sanitarian D. Mendoza

Signature of Certified manager M P WARSH

Business Name CHICAGO SMOKE LTD

Address 2300 S THROOP ST

CHICAGO, IL 60608

By order of the municipal code, this inspection report summary must be posted in plain view of this establishment's customers. Altering or removing this document is punishable by law.

City of Chicago
Brandon Johnson
Mayor

Chicago Department of Public Health
Olusimbo Ige, MD, MS, MPH
Commissioner

If you have a complaint about a food establishment, please phone 311, (TTY users dial 312-744-8599)

Inspection #: 2581953	Chicago Department of Public Health Food Protection Division **Food Establishment Inspection Report** Telephone: 312.746.8030 FAX: 312.746.4240 TTY: 312.744.2374 www.CityofChicago.org/Health CDPHFood@cityofchicago.org	No. of Risk Factor/Intervention Violations: 0	
License #: 1271546		No. of Repeat Risk Factor/Intervention Violations: 0	
Inspection Type: Canvass		Inspection Date: 04/02/2024	
Facility Type: Catering		Started:09:30am	Completed:10:50am
SR #: SFP #:		Inspector's Badge #: 216	Supervisor's Badge #: 316
Fire #:	Days of Operation: M,Tu,W,Th,F,Sa,Su From: 11:00 AM To: 12:00 AM		
Business Address: 2300 S THROOP ST	Zip: 60608	Location on Site: 1ST, LL	Business Phone: (312) 492-8326
Legal Name: CHICAGO SMOKE LTD.	D/B/A: CHICAGO SMOKE LTD	A/K/A: CHICAGO SMOKE	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
SUPERVISION			
1	(IN) OUT — Person in charge present, demonstrates knowledge, and performs duties		
2	(IN) OUT N/A — City of Chicago Food Service Sanitation Certificate		
EMPLOYEE HEALTH			
3	(IN) OUT N/A — Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	(IN) OUT — Proper use of restriction and exclusion		
5	(IN) OUT N/A — Procedures for responding to vomiting and diarrheal events		
GOOD HYGIENIC PRACTICES			
6	IN OUT (N/O) — Proper eating, tasting, drinking, or tobacco use		
7	IN OUT (N/O) — No discharge from eyes, nose, and mouth		
PREVENTING CONTAMINATION BY HANDS			
8	IN OUT (N/O) — Hands clean & properly washed		
9	IN OUT N/A (N/O) — No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	(IN) OUT — Adequate handwashing sinks properly supplied and accessible		
APPROVED SOURCE			
11	IN OUT (N/O) — Food obtained from approved source		
12	IN OUT N/A (N/O) — Food received at proper temperature		
13	IN OUT (N/O) — Food in good condition, safe, & unadulterated		
14	IN OUT (N/A) N/O — Required records available: shellstock tags, parasite destruction		

Compliance Status		COS	R
PROTECTION FROM CONTAMINATION			
15	IN OUT N/A (N/O) — Food separated and protected		
16	(IN) OUT N/A — Food-contact surfaces: cleaned & sanitized		
17	(IN) OUT — Proper disposition of returned, previously served, reconditioned & unsafe food		
TIME/TEMPERATURE CONTROL FOR SAFETY (TCS)			
18	IN OUT N/A (N/O) — Proper cooking time & temperatures		
19	IN OUT N/A (N/O) — Proper reheating procedures for hot holding		
20	IN OUT N/A (N/O) — Proper cooling time and temperature		
21	IN OUT N/A (N/O) — Proper hot holding temperatures		
22	(IN) OUT N/A N/O — Proper cold holding temperatures		
23	IN OUT N/A (N/O) — Proper date marking and disposition		
24	IN OUT (N/A) N/O — Time as a Public Health Control; procedures & records		
CONSUMER ADVISORY			
25	IN OUT (N/A) — Consumer advisory provided for raw/undercooked food		
HIGHLY SUSCEPTIBLE POPULATIONS			
26	IN OUT (N/A) — Pasteurized foods used; prohibited foods not offered		
FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES			
27	IN OUT (N/A) — Food additives: approved and properly used		
28	(IN) OUT N/A — Toxic substances properly identified, stored, & used		
CONFORMANCE WITH APPROVED PROCEDURES			
29	IN OUT (N/A) — Compliance with variance/specialized process/HACCP		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

SAFE FOOD AND WATER			
30	IN OUT (N/A) — Pasteurized eggs used where required		
31	(IN) OUT — Water & ice from approved source		
32	IN OUT (N/A) — Variance obtained for specialized processing methods		
FOOD TEMPERATURE CONTROL			
33	(IN) OUT N/A — Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A (N/O) — Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O) — Approved thawing methods used		
36	(IN) OUT N/A — Thermometers provided & accurate		
FOOD IDENTIFICATION			
37	IN OUT (N/O) — Food properly labeled; original container		
PREVENTION OF FOOD CONTAMINATION			
38	IN OUT — Insects, rodents, & animals not present		
39	(IN) OUT — Contamination prevented during food preparation, storage & display		
40	(IN) OUT — Personal cleanliness		
41	(IN) OUT — Wiping cloths: properly used & stored		
42	IN OUT N/A (N/O) — Washing fruits & vegetables		
PROPER USE OF UTENSILS			
43	(IN) OUT N/A — In-use utensils: properly stored		
44	(IN) OUT N/A — Utensils, equipment & linens: properly stored, dried, & handled		
45	(IN) OUT N/A — Single-use/single-service articles: properly stored & used		
46	IN OUT N/A (N/O) — Gloves used properly		

UTENSILS, EQUIPMENT, AND VENDING			
47	(IN) OUT — Food & non-food contact surfaces cleanable, properly designed, constructed & used		
48	(IN) OUT N/A — Warewashing facilities: installed, maintained & used; test strips		
49	(IN) OUT — Non-food/food contact surfaces clean		
PHYSICAL FACILITIES			
50	(IN) OUT — Hot & cold water available; adequate pressure		
51	(IN) OUT — Plumbing installed; proper backflow devices		
52	(IN) OUT — Sewage & waste water properly disposed		
53	(IN) OUT — Toilet facilities: properly constructed, supplied, & cleaned		
54	(IN) OUT — Garbage & refuse properly disposed; facilities maintained		
55	(IN) OUT — Physical facilities installed, maintained & clean		
56	(IN) OUT — Adequate ventilation & lighting; designated areas used		
EMPLOYEE TRAINING			
57	IN OUT (N/A) — All food employees have food handler training		
58	IN OUT (N/A) — Allergen training as required		
CITY OF CHICAGO ORDINANCE COMPLIANCE			
59	(IN) OUT — Previous priority foundation violation corrected		
60	(IN) OUT — Previous core violation corrected		
61	(IN) OUT — Summary Report displayed and visible to the public		
62	(IN) OUT — Compliance with Clean Indoor Air Ordinance		
63	IN OUT (N/A) — Removal of Suspension Sign		
64	IN OUT (N/A) — Miscellaneous / Public Health Orders		

Establishments: CHICAGO SMOKE LTD **Establishment #**: 1271546

Disposal Service: GROOT		Pest Control: ECOLAB		Pest License #: 051-026300	
Total # Seats: 8	# Food Prep Areas: 2	HACCP Concept Presented: Yes	Citations Issued: 0	Does The Facility Cater: Yes	
Risk: High (Category 1) 04/02/2024	Reason For Risk Change:	Running Hot Water: Yes	School Type:	# Employees: 2	# Washrooms: 3
HT Dish Machine: No,	LT Dish Machine: Yes, Chlorine 100ppm	3 Compartment Sink: Yes, Not Setup	License Suspended:	Cease and Desist:	
# of Washbowl Sinks: 5	# of Exposed Sinks: 4	# of Utility Sinks: 1	# 2 Compartment Sinks: 0	# 3 Compartment Sinks: 3	# Other Sinks: 0	Close Up #:
Location: TOILET ROOMS	Location: PREP AREAS	Location: CLOSET	Location: NONE	Location: PREP AREAS	Location: NONE	

Certified Manager(s) (name, expiration date, ID#):

JOHN STAGGS Exp. Date: 04/18/2027 ID #: MXC-10769	MATTHEW BRATKO Exp. Date: 08/30/2025 ID #: MX1-9712	JEFF WANG Exp. Date: 04/18/2027 ID #: KK3-2614	MICHAEL WALSH Exp. Date: 02/13/2028 ID #: KK3-1318

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
AMBIENT AIR/Refrigerator	39.00°F	AMBIENT AIR/Walk-In Cooler	37.00°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By Date
Inspection Comments	NO VIOLATIONS NOTED DURING THE INSPECTION. INSPECTION REPORT EMAILED TO MIKEWALSHATABC@GMAIL.COM, PILSENCAMPUSLLC@HOTMAIL.COM, ACCOUNTING.2243LLC@YAHOO.COM SUMMARY ISSUED.	

1. Determine the Hazard: Discussed the HACCP principle of Conducting a Hazard Analysis of identifying a potential hazard as microbiological, physical or chemical.

Person In Charge (Signature) MICHAEL WALSH	**Date:** 4/2/24
Inspector (216)	**Follow-up:** ☐ **Yes** ☒ **No** **Follow-up Date:**

PASSED: X **PASSED w/COND:** ____ **FAILED:** ____

NOTE: THE FINAL RESULTS OF THIS INSPECTION WILL BE DETERMINED BY THE REVIEWING SUPERVISING SANITARIAN

You have just received an Inspection by the City of Chicago, Department of Public Health, Food Protection Program. Your feedback on the inspection process is important to us. Please go to https://www.chicagohan.org/surveys to complete a short survey.