



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
www.chicityclerk.com

## Legislation Text

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**File #:** Or2013-26, **Version:** 1

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City Council Meeting Date:  
Committee on Buildings

(signs)

ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to:  
KGD Enterprises, Inc, (dba) Chicago Sign, 26w535 Saint Charles Road, Carol Stream, IL 60188  
for the erection of a sign / signboard over 24 feet in height and / or over 100 square feet (in area of  
one face) at: Logan Square Aluminum Supply, Inc (dba) Remodelers Supply Studio 41, 2500 N  
Pulaski Road

Dimensions: Length \_16 ft    Height\_19 ft 8 in

Height above grade / roof to top of sign 31 ft 8 in

TOTAL SQUARE FOOT AREA \_315 sq ft

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning  
Ordinance and all other applicable provisions of the Municipal Code of the City of Chicago governing  
the construction and maintenance of outdoor signs, signboards and structures.

. CIT-Y OF CHICAGO:

## DEPARTMENT OF BUILDINGS

### Sign Permit Application

APPLICATION NUMBER

100412767

DRAWINGS ATTACHED

YES  
NO

☐ ☐

TYPE OF SIGN FLAT OR BOX

ADDRESS OF SIGN

2500 N PULASKI RD. 60639-

IN

0

FT

19

SQ FT

315

LBS

900

TYPE OF PERMIT

NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

SUPPLY, LOGAN SQUARE ALUMINUM 2500 N. PULASKI ROAD CHICAGO, IL 60639

(773)235-2500

SIGN HEIGHT ABOVE GRADE/ROOK

siAPEOKSiGN REGULAR

SIGN WILL READ

REMODELLERS SUPPLY, STUDIO 41, (CHANGING IMAGE)

SIGN MANUFACTURER

KGD

TICKET NUMBER

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION

REINSPF.CTION CONTROL NUMBER

0

TYPEOFsuppoRT for sign GROUND STRUCTURE

SIGN BOARDSUPPORT MEMBERS STFFI

NO OF LAMPS 2,424

TOTAL WATTAGE 9000

TYPE OF LAMP Oil 1 FR

NO OF BALLAST/TRANSFORMERS 10

INPUT OF TRANSFORMERS 240V

CONTRACTOR WILL INST ALL

IN FEEDERS | Y| CUSTOMER LEADS

TYPE OF SWITCH SPECIAL

ANNUAL FEE CONSTRUCTION FEE 1017 B FEE TOTAL. FEE AMOUNT PAID BALANCE DUE

Check # for Zoning

1,200.00

200.00

Check # for DCAP

\$ 1,000.00

LOCATION OF SWITCH INSIDE SIGN

SIGN LOCATION

REFACE ONE SECTION OF EXISTING PYLON SIGN. OBTAIN PERMIT FOR COMPLETE SIGN.

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code

N93120

ELECT CONTR

KGD ENTERPRISES, INC.

ADDRESS

204 N GARY AVE WHEA TON. IL 60187

SIGN ERECTOR

KGD ENTERPRISES

ADDRESS

204 N GARY WHEATON IL, 60187

City of Chicago

Rahm Kmanuel, Mayor

Department of Buildings Michael Merchant, Commissioner

ES PERM APP WEBRD060211

TYPE Oh" BUSINESS COMMERCIAL Other:

Narrie: REMODELERS SUPPLY

SIGN BOND REQUIRED? ☐ YES

COUNCIL ORDER REQUIRED ☐ YES

LIC It: 85760

is special permission required from chief electrical ☐  
letter of request

Renewal Date:

Projects Over: [n1 Private Property pYIPublicWav Grant Permit tf:  
1098206

fjPlanned Development/Manufacturing PMD/PD#: Zoning District: M2

Other:

TYPE OF SIGN | | ADVERTISING [x] ILLUMINATE ☐ MOVEABLE

[x] BUSINESS | | FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 364

TOTAL AREA OF NEW SIGN (SQ.FT.) 315

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 675

1HEIGHT OF SIGN ABOVE GRADE (TO TOP) 31ft 8in

DIS TANCE Oh' CURB LINE OUTER EDGE (fl) 5 DISTANCE OF STRUCTURE INNER  
EDGE (U) 1

DISTANCE FROM (It) A PUBLIC PARK (OVER 10 ACRES) B EXPRESSWAY (IF LESS  
THAN 1,000 IT ) C. RESIDENCE DISTRICT" (ADVERTISING SIGNS ONLY)

IF REPLACEMENT SIGN OK CHANGE OF FACE, WHAT DOES THE EXIST ING SIGN READ\*7

Original Payee: ST<^vff£

SIGN CLERK

APPROVED FOR PERMI T

REMARKS

Landmark Hold: | | Status:

ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB

RD0602II

AP

#:

100412767

Page 2 of 2

TYPE OF BUSINESS COMMERCIAL Other:

Name. REMODELERS SUPPLY

SIGN BOND REQUIRED? [~J YES

COUNCIL ORDER REQUIRED ☐ YES

HC #: 85760

is special permission required from chief electrical ☐  
request

Renewal Date:

Projects Over: [n] Private Property £7] Public Way Grant Permit #: 1098206

1 1 Planned Development/Manufacturing PMD/PLW: Zoning District: M2 Other

TIME STAMj>

TYPE OF SIGN: ☐ ADVERTISING ☒ ILLUMINATE ☐ MOVEABLE ☒ BUSINESS

TOTAL STREET FRONTAGE OF LOT (IN FEET) 364

TOTAL AREA OF NEW SIGN (SQ.FT.) ;? 1 ^

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 675

HEIGHT OF SIGN ABOVE GRADE (TO TOP) {-MxT

DISTANCE OF CURB LINE OUTER EDGE (ft) 5 DISTANCE OF STRUCTURE INNER EDGE (ft) 1 SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS

THAN 1,000 FT.) C. RESIDENCE DISTRICT (ADVER

JF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Pa

Landmark Hold: I I Status:

ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB RD060211

**CITY OF CHICAGO DEPARTMENT OF ZONING AND  
LAND USE PLANNING**  
*SIGN SITE PLAN (ALL INFORMATION MUST BE  
COMPLETED AND LEGIBLE)*

Site Address: 2500 N. Pulaski

Sign Company: KGD Enterprises, Inc (dba) CHICHGOfiGN Rep Name: John Doyle

)\_

Phone( Zoning District: M2-2

(Below: Building, streets and location of sign on lot/or structure) North

NORTH

Reface one section of sign, obtain  
permit for complete sign.

SIGN USE:

Bus. ID (On-premise) Kl Business Lice. #

85760

Advertising (Off-premise) ☐

☐

X

☐

**PERMIT TYPE:**

New Construction Change of Face - -Previous Permit #

ES 3433146

South

TYPE OF SIGN: Flat Wall Freestanding Awning Marquee



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## APPLICATION TO USE THE PUBLIC RIGHT OF WAY APPLICANT INFORMATION

ORfAATION Jy ^ /  
LEGAL NAME OF ENTITY: S&t£f7. Af/Off^IX\*\* Sn\*f=>/I4 . l£h<l.

CITY  
PERMIT MAILING ADDRESS:  
ZIP CODE:

CONTACT PERSON: LJtthv, S/( \*t~>» / »-i TITLE: SyC^obv/Ak.

PHONE: "773 2<iI FAX: ~r?2 Jlf E-MAIL^J/trf '(fT)

## USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the worksheet on page 3. Use only one application per public way use type.

TYPE HOWMANV7 BUILDING ADDRESS^

2. Please enclose one sketch of proposed use of the public way, which maps to scale the proposed use and its relationship to surrounding right-of-way. AU measurements must be indicated.

The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks). I hereby certify that all statements made as part of the application, and the attachments herein, are true to the best of my knowledge and belief.

## APPLICANT CERTIFICATION

TITLE:

Part of the application, and for

## ALDERMAN'S APPROVAL

As part of this application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use of the public way is located.

ALDERMAN'S SIGNATURE  
DATE

WARD

CITY OF CHICAGO

1. Please provide the following information:  
1. Name of the business or organization: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Phone number: \_\_\_\_\_  
4. Email address: \_\_\_\_\_  
5. Website: \_\_\_\_\_  
6. Description of the proposed use: \_\_\_\_\_  
7. Date of application: \_\_\_\_\_  
8. Name of the applicant: \_\_\_\_\_  
9. Signature of the applicant: \_\_\_\_\_  
10. Signature of the Alderman: \_\_\_\_\_  
11. Signature of the City Clerk: \_\_\_\_\_  
12. Signature of the City Engineer: \_\_\_\_\_  
13. Signature of the City Attorney: \_\_\_\_\_  
14. Signature of the City Treasurer: \_\_\_\_\_  
15. Signature of the City Comptroller: \_\_\_\_\_  
16. Signature of the City Clerk: \_\_\_\_\_  
17. Signature of the City Engineer: \_\_\_\_\_  
18. Signature of the City Attorney: \_\_\_\_\_  
19. Signature of the City Treasurer: \_\_\_\_\_  
20. Signature of the City Comptroller: \_\_\_\_\_  
21. Signature of the City Clerk: \_\_\_\_\_  
22. Signature of the City Engineer: \_\_\_\_\_  
23. Signature of the City Attorney: \_\_\_\_\_  
24. Signature of the City Treasurer: \_\_\_\_\_  
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96. Signature of the City Clerk: \_\_\_\_\_  
97. Signature of the City Engineer: \_\_\_\_\_  
98. Signature of the City Attorney: \_\_\_\_\_  
99. Signature of the City Treasurer: \_\_\_\_\_  
100. Signature of the City Comptroller: \_\_\_\_\_

## APPLICATION TO USE THE PUBLIC RIGHT OF WAY

## APPLICATION WORKSHEET

a. For use by NEW APPLICANTS ONLY.

3. For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-8249)

DIMENSIONS OF PUBLIC WAY USE WORKSHEET FOR SIGNS (INCLUDES MARQUEES! ONLY Complete the worksheet for use of the public way and indicate all applicable measurements.

Exact Street (i.e. S. State St) !	Quantity	Length of sign structure	Height of sign structure	Depth of sign structure	Height above grade	Total depth over public way	Is this sign(s) illuminated? (Y/N)	is this an Existing Public Way Use (Y/N)
/		a	17'	3'	y	y		
		if						



See example of required sign plan on page 4.

**NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the Information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.**

CHICAGO  
City of Chicago  
Department of Business Affairs and Consumer Protection | Public Way Use Unit  
Center | City Hall, Room 800 1121 North LaSalle Street | Chicago, Illinois 60602  
312.74.G0BK (744.6249) | 312.742.i974 <<http://312.742.i974>> (TTY)

City of Chicago • BUNDLE APPLICATION PACKAGE • V.04.0S.10

## APPLICATION CHECKLIST (continued) □

### Acceptance Letter

#### ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

«•

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance by City Council, pay the non-refundable applicable Grant of Privilege annual permit fee.
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve any Account Holds since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

I hereby agree to accept the terms and conditions relative to issuance of the permit  
I agree to renew the Certificate of insurance at least 10 days prior to expiration of the policy.  
I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of

SITE#

ACCOUNT #:

LEGAL NAME OF ENTITY:

BUSINESS NAME (DBA): M.mr ~ J s..

BUSINESS LOCATION ADDRESS: ^g^ZjdT/t^ fWI\*\*(c, ACvAmV

crTY: Chicago

PERMIT TYPE

BUSINESS PHONE- ~77J

Department of Business Affairs and Consumer Protection • Business Assistance Center M Public Way Use Unit • City  
Hall Room 800 - 121 North LaSalle Street, Chicago, Illinois 60602 • uiwmmsm\* www.cityofchicago.org/bacp  
<http://www.cityofchicago.org/bacp> • :312-74.GOBIZ (744.6249) • 312.742.1974 (TTY)  
CRSU

DATE (MM/DD/YYYY) 9/19/2011

LOGASQU-01

## CERTIFICATE OF LIABILITY INSURANCE

producer (708) 633-8100 PSI Insurance Agency,  
Ltd. G. A. Crandall & Co., Inc. 6851 W. 167th Street Tinley Park, IL 60477-  
1248

insured Logan Square Aluminum Supply, inc. 2500 N. Pulaski Road  
Chicago, IL 60639 i

THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY INFORMATION  
AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE  
CERTIFICATE DOES NOT AMEND ALTER THE EXTEND OR  
COVERAGE AFFORDED BY THE POL INSURERS AFFORDING COVERAGE CIES BELOW.  
NAIC#

insurer a. Wausau Underwriters Ins. Co.

insurer b: Safeco Insurance Company

19690

INSURER C:

INSURER Or.

INSURER E

### CANCELLATION

#### COVERAGES

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.  
AGGREGATE LIMITS SHOWN MAY HAVE  
BEEN REDUCED BY PAID CLAIMS.

MSR	ADD	TYPE OF
IrTR	U	INSURANC
	INSR	E
	D	

A	GENERAL LIABILITY X	COMMERCIAL GENERAL LIABILITY
		CLAIMS MADE   X   OCCUR

POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	UMTS
	MM/DD/YYYY	DATE (MM/DD/YY)	

TBJZ914446267/1/2011	7/1/2012	EACH OCCURRENCE	1,000,000.
		DAMAGE TO RENT	\$ 300,000.
		PREMISES (Ea occi	
		MED EXP (Arty one j	5,000.
		PERSONAL & ADV	\$ 1,000,000.

						GENERAL AGGREGATE LIMIT 2,000,000.
						PRODUCTS - COMP/OP AGG \$ 2,000,000.
	GENT-AGGREGATE LIMIT APPLIES PER:					
	X	POLICY	JECT LOC			
B	AUI	OMOBILE LIABILITY ANY AUTO ALL C24CC2444024	7/1/2011	7/1/2012		COMBINED SINGLE accident) 1,000,000
	X	AUTOS HIRED AUTOS NON-OWNED A				BODILY INJURY (P
	X					BODILY INJURY (P
	X					PROPERTY DAMAGE (S
	GARAGE UABDJTY					accident) AUTO ONLY - EA *
		ANY AUTO				ACCIDENT nrrHFR TH^M ^*
						AUTO ONLY: AGG i
A	EXCESS / UMBRELLA LIABILITY		THCZ91444627	7/1/2011	7/1/2012	EACH OCCURRENCE , 10,000,000
	X	OCCUR   1 CLAIMS MADE				AGGREGATE j 10,000,00(1
						S
		DEDUCTIBLE RETENTION S				S
B		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETORIAL PARTNER/EXECUTIVE 1 OFFICER/MEMBER EXCLUDED? N (Mandatory if yes, describe under SPECIAL PROVISIONS below)	02 W C5 75 72 02 0	7/1/2011	7/1/2012	V WC STATUS- OT * TORY LIMITS ER
						E.L EACH ACCIDENT, 500,000
						E.L DISEASE - EA s 500,000
						EMPLOYEE E.L. DISEASE - , 500,000
						POLICY LIMIT
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS /  
VEHICLES 1 EXCLUSIONS ADDED BY  
ENDORSEMENT/ SPECIAL PROVISIONS City of  
Chicago, its agents and employees are  
listed as additional insured in regards to  
sign and awning at 2500 North Pulaski  
Road, Chicago, IL -Account #85670-14

**CERTIFICATE HOLDER**

City of Chicago, Department of Business Affairs & Consumer Protection  
Business Assistant Center Public Way Use -121 N. LaSalle St Room 800  
Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS  
WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO  
SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS  
AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

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and logo are registered marks of ACORD

LOGASQU-01

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurers), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2009/01)

City of Chicago Richard M. Daley Mayor  
Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602

### Business Information Sheet

DBA Name

*Account t&70~rf*  
**<\*w;^ (bail.**

Location: feTCrQ

1. Do you or have you ever had an account with the Department of Business Affairs and Licensing? Yes J~J No

2. Please indicate your business type:

- ☐ Sole Proprietor  
Corporation profit or Not-For-Profit
- ☐ Partnership
  - ☐ Limited Partnership
  - ☐ Limited Liability Company (LLC)
  - ☐ Not-For-Profit Club (Corporation)
  - ☐ Individual (do you not own/operate a business)
- ☐ Trust

3. What date did your business open? (If you must answer question 4a previously)

4a. What is the legal name of your Partnership, (Corporation)?

4b. If you are a Sole Proprietor or Individual, what is your legal name?

First

5. What is your FEIN U

7. In what state did you incorporate? \_ (II Corporation or LLC)

6. What is your IBT Number?

8. What daw ^j^Ka^l \_ ^!j/StJj^7^

9. What is your File number with the Stats ofBlinois?

(li Coipomion, Nol-For-Prum Club, LLC cr Unfed Partnership)

10. What is your business name or DoingSuslnBss As (DBA)?

11. What is your State of Illinois Exemption Number, if applicable? .

12. What is the expiration date lor yourEttJse of Illinois exemption number, R appScable? ,

1

**Department of Business Affairs and Consumer Protection Public  
Way Use Unit 121 N. LaSalle Street, Room 805**

Chicago, IL 60602

City of Chicago

Richard M. Daley Mayor

13. Deserter) your business activity. Plane mention allLprodud or service lnes offered by your business.

14. Who is the primary contact person lor this business?

-

Ess X/( \*rf&r<rr?

15. What is Die primary cннаcl persOT'steiaph<^ number? /"J^ J?fi^?

16. What is the prirrary contact psrson^aiaaEng ad^

Svsct Numfcor

Dk

3<re«tNmmi

SuWApt\*

Floor Number

/Xi>y : -e.

17. What Is the phone number lor this sre>7 \_ 1B. What Is Die FAX number tor this site? \_

19. What is the e-mail address for mis sit\*? ,

20. What is your property identification number for the location where your business transactions or public way use occur?

0X7 033 S3\*)

21. Please mark the following box with an IC If mis property is held m trust I I (If not in trust, plosn continue Yrtfii Question ZZ.)  
(B individual, pern Indlcata Rn\* MdrJe era List Name.)

22. If trust, what is the name of the" trust biriefidary?  
enJUu

☐

Department of Business Affairs and Consumer Protection Public Way  
Use Unit 121 N. LaSalle Street, Room 805  
Chicago, IL 60602

City of Chicago  
Richard M. Daley Mayor

23. Please mark the rdlowmo box with an "X" If this business is an existing business that you purchased.

## Ownership Information

Section I-Owner Details

first

Matt

u5

President

- ☐ Secretary
- ☐ VP
- ☐ Principal Of freer
- ☐ Treasurer
- ☐ Share Holder
- ☐ Partner
- ☐ General Partner
- ☐ Limited Partner
- ☒ Member
- ☐ Managing Member
- ☐ Beneficiary
- ☐ Spouse
- ☐ Not Applicable

Birth Date

/ . ☐ Other

\*7 :./f\*\*>7- S<sup>0</sup>\*\$1 Security Number 3&f £b 273& Ptmwnage of Ownership 3^

« Number

Dtr

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Title (check one):

- President Secretary VP
- Principal Officer Treasurer Share Holder Partner
- General Partner Limited Partner Member
- Managing Member
- Beneficiary
- Spouse
- Not AppftcabUi
- Other

Birth Date

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**City of Chicago Richard M. Daley Mayor**

Phone Number 773-444-2000 PAX Number

**Department of Business Affairs and  
Consumer Protection**

**Public Way Use Unit**

**121 N. LaSalle Street, Room 805**

**Chicago, IL 60602**

E-mail

**Section 11 - Legal Entity Owner**

**What is the legal name of your Corporation, Partnership, Limited Partnership or Limited Liability Company?**

**What is your Legal Entity Type?**

- ☐ Corporation
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Company

**What is your File Number with the State of Illinois?**  
(for Corporation, Not-For-Profit Club, LLC or Limited Partnership)

**What is your FEIN Number?**

**What is your IBT Number?**

**In what state did you Incorporate?**  
(for Corporation or LLC)

**What date did you Incorporate?**  
(for Corporation or LLC)

**Percentage of Ownership**



**4**