



City of Chicago



Or2014-556

Office of the City Clerk Document Tracking Sheet

| | |
|---------------------------------|---|
| Meeting Date: | 11/5/2014 |
| Sponsor(s): | O'Connor (40) |
| Type: | Order |
| Title: | Issuance of permits for sign(s)/signboard(s) at 5820 N Western Ave |
| Committee(s) Assignment: | Committee on Zoning, Landmarks and Building Standards |

Committee on Zoning, Landmarks, and Building Standards

(Signs)

ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to: (Contractor's name and address)

Sign America

2748 West Devon Avenue

Chicago, Illinois 60645

for the erection of a sign/signboard over 24 feet in height and/or over 100 square feet (in area of one face) at: (Business Name & Address)


The Body Shop Inc.

5820 North Western Avenue

Chicago, Illinois 60659

Dimensions: Length 99 feet 6 inches Height 3 feet 0 inches
Height above grade/roof to top of sign 9 feet
TOTAL SQUARE FOOT AREA: 299 feet

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.



PATRICK J. O'CONNOR
Alderman, 40th Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

| | | | | |
|---|---------------------------------|------------|--|--|
| APPROVAL NUMBER | APPLICATION NUMBER 100537240 | ANNUAL FEE | WORK CODES | DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE OF APPLICATION 04/22/2014 | | | TYPE OF SIGN AWNING | |
| ADDRESS OF SIGN 5820 N WESTERN AVE, 60659- | | | LENGTH 99 | FT. IN. 6 |
| BUILDING ORIGINAL PERMIT NUMBER | | | HEIGHT 3 | IN. 0 |
| TYPE OF PERMIT NEW CONSTRUCTION (SIGN) | | | AREA 299 | EQ. FT. WEIGHT 200 |
| PAYER OF ANNUAL INSPECTION NASTALY, RICK J. 5820 N. WESTERN AVE CHICAGO, IL 60659 (773)784-2650 | | | SIGN HEIGHT ABOVE GRADE/ROOF 9 | |
| SIGN MANUFACTURER SIGN AMERICA | | | SHAPE OF SIGN REGULAR | |
| ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION | | | SIGN WILL READ THE BODY SHOP | |
| TICKET NUMBER 0 | REINSPECTION CONTROL NUMBER | | NO. OF LAMPS | TOTAL WATTS |
| TYPE OF SUPPORT FOR SIGN BUILDING | | | TYPE OF LAMP | |
| SIGN BOARD SUPPORT MEMBERS STEEL | | | NO. OF BALLAST/TRANSFORMERS | INPUT OF TRANSFORMERS |
| ANNUAL FEE | | | CONTRACTOR WILL INSTALL <input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS | |
| CONSTRUCTION FEE 700.00 | | | TYPE OF SWITCH | |
| 1017 B FEE | | | LOCATION OF SWITCH | |
| TOTAL FEE 700.00 | | | SIGN LOCATION AWNING & SIGN FACING EAST. 5820 N WESTERN AVE, CHICAGO, IL 60659 | |
| AMOUNT PAID 200.00 | | | Check # for Zoning | |
| BALANCE DUE \$ 500.00 | | | Check # for DCAP | |

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

| | | | |
|----------------------|--|----------|--------|
| ELECT CONTR | BOND NO. | REG. NO. | N92276 |
| ADDRESS | SIGN ERECTOR SIGN AMERICA | | |
| SUPERVISOR SIGNATURE | ADDRESS 2748 W DEVON AVE CHICAGO XXX IL, 60645 | | |
| | SIGNATURE <i>Jashenoff</i> | | |

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits

City of Chicago
Rahm Emanuel, Mayor

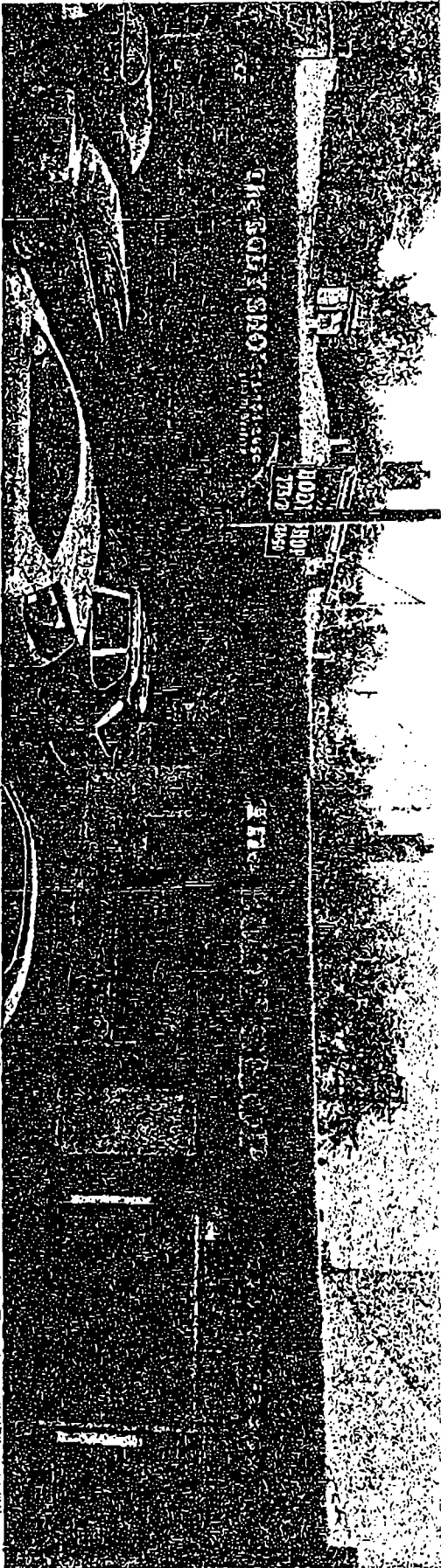


Department of Buildings
Felicia Davis, Commissioner

| | |
|---|---|
| TYPE OF BUSINESS <u>COMMERCIAL</u> Other: <u>CAR BODY SHOP</u> Name: <u>THE BODY SHOP INC</u> LIC #: Renewal Date: <u>02/15/2015</u> | SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input type="checkbox"/> YES IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST |
| Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit #: <u>1106835</u> <input type="checkbox"/> Planned Development/Manufacturing PMD/PDH: Zoning District: <u>C1</u> Other: <u>C1-2</u> | TIME STAMP |
| TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING | |
| TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>100</u> TOTAL AREA OF NEW SIGN (SQ.FT.) <u>299</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <u>400</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>12ft</u> 0in | |
| DISTANCE OF CURB LINE OUTER EDGE (ft) <u>15</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>15</u> | SIGN CLERK APPROVED FOR PERMIT |
| DISTANCE FROM (ft): 1. PUBLIC PARK (OVER 10 ACRES) _____ 2. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ 3. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____ IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Payee: _____ Landmark Hold: <input type="checkbox"/> Status: _____ | REMARKS |
| ZONING (OFFICE USE ONLY) | |

Signature for Sign America.

**AWNING - 99'.6" W X 3' H FOR THE BODY SHOP
5820 N WESTERN AVE, CHICAGO, IL: STREET VIEW:**



Sign Manufacturer:



Sign AMERICA

Reliable & Dependable for 18 years

2748 W. Devon Ave,

Chicago, IL 60645

Tel: 773 262-7800

Fax: 773 262-7898

Email: info@signamerica.com

www.signamerica.com



APPLICANT INFORMATION

LEGAL NAME OF ENTITY: THE BODY SHOP OF WESTERN AVE, INC
 PERMIT MAILING ADDRESS: 5820 N. WESTERN AVE
 CITY: CHICAGO STATE: IL ZIP: 60659
 CONTACT PERSON: VAL MITEV TITLE: OWNER
 PHONE: 773-784-2650 FAX: 773-784-1805 E-MAIL: THEBODYSHOP@CHICAGO.IL.GOV

PROPERTY OWNER INFORMATION

NAME: VALERI MITEV
 ADDRESS: 5820 N. WESTERN AVE
 CITY: CHICAGO STATE: IL ZIP: 60659

USE OF THE PUBLIC WAY

1. List the proposed or existing use(s) below, and complete the worksheet on page 3.
 Use only one application for all public way use type.

| TYPE | HOW MANY? | BUILDING ADDRESS |
|------------------|-----------|--|
| <u>FLAG POLE</u> | <u>1</u> | <u>5820 N. WESTERN AVE, CHICAGO IL 60659</u> |
| <u>AWNING</u> | <u>1</u> | <u>5820 N. WESTERN AVE, CHICAGO IL 60659</u> |

- 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. All measurements must be indicated.
- All "No Fee" items require a \$50 application fee. Please remit with application.
- "No Fee" items are listed in the price list on page 6.
- The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks).

APPLICANT CERTIFICATION

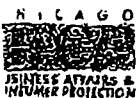
I hereby certify that all statements made as part of the application, and the attachments herein, are true to the best of my knowledge and belief.

BY: VALERI MITEV TITLE: OWNER
 F.E.I.N. or SOCIAL SECURITY NUMBE _____

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: [Signature]
 DATE: 5-17-13 WARD: 40



CITY OF CHICAGO
DEPARTMENT OF BUILDINGS

Sign Permit Application

| | | | | |
|-----------------|---------------------------------|------------|-----------|--|
| APPROVAL NUMBER | APPLICATION NUMBER 100537240 | ANNUAL FEE | WORK CODE | DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------|---------------------------------|------------|-----------|--|

| | |
|--|---|
| DATE OF APPLICATION | 04/22/2014 |
| ADDRESS OF SIGN | 5820 N WESTERN AVE, 60659- |
| BUILDING | ORIGINAL PERMIT NUMBER |
| TYPE OF PERMIT | NEW CONSTRUCTION (SIGN) |
| PAYER OF ANNUAL INSPECTION | NASTALY, RICK J. 5820 N. WESTERN AVE CHICAGO, IL 60659 (773)784-2650 |
| SIGN MANUFACTURER | SIGN AMERICA |
| ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION | |
| TICKET NUMBER | INSPECTION CONTROL NUMBER |
| 0 | |
| TYPE OF SUPPORT FOR SIGN | BUILDING |
| SIGN BOARD SUPPORT MEMBERS | STEEL |
| ANNUAL FEE | |
| CONSTRUCTION FEE | 200.00 |
| 1017 B FEE | |
| TOTAL FEE | 200.00 |
| AMOUNT PAID | 200.00 |
| BALANCE DUE | |
| | Check # for Zoning |
| | Check # for DCAP |

| | | | | | |
|------------------------------|---|--------|--|-------|-----|
| TYPE OF SIGN | AWNING | | | | |
| LENGTH | FT. 40 | IN. | HEIGHT | FT. 3 | DI. |
| AREA | SQ. FT. 120 | WEIGHT | LBS. 200 | | |
| SIGN HEIGHT ABOVE GRADE/ROOF | | | | FT. 9 | |
| SHAPE OF SIGN | REGULAR | | | | |
| SIGN WILL READ | THE BODY SHOP | | | | |
| NO. OF LAMPS | TOTAL WATTAGE | | | | |
| TYPE OF LAMP | | | | | |
| NO. OF BALLAST/TRANSFORMERS | | | INPUT OF TRANSFORMERS | | |
| CONTRACTOR WILL INSTALL | | | <input checked="" type="checkbox"/> PER DEER <input checked="" type="checkbox"/> CUSTOMER LEADS | | |
| TYPE OF SWITCH | N/A | | | | |
| LOCATION OF SWITCH | N/A | | | | |
| SIGN LOCATION | AWNING 5820 N-WESTERN AVE, CHICAGO, IL - 60659 | | | | |

The undersigned certifies 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.

| | |
|----------------------|--|
| REQ. NO. | |
| ELECT. CONTR. | |
| ADDRESS | |
| SUPERVISOR SIGNATURE | |

NO ELECTRICITY

| | | |
|--------------|---|--------|
| BOND NO. | REQ. NO. | N92276 |
| SIGN ERECTOR | SIGNER | |
| SIGN AMERICA | | |
| ADDRESS | 2748 W DEVON AVE CHICAGO XXX IL, 60645 | |
| SIGNATURE | <i>Sushant</i> | |

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits.

City of Chicago
 Rahm Emanuel, Mayor



Department of Buildings
 Felicia Davis, Commissioner

TYPE OF BUSINESS
COMMERCIAL Other: **CAR BODY SHOP**
 Name: **THE BODY SHOP INC**
 LIC #:
 Renewal Date: **02/15/2015**

SIGN BOND REQUIRED? YES
 COUNCIL ORDER REQUIRED YES
 IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL
 YES

Projects Over:
 Private Property
 Public Way Grant Permit #: **1106835**

IF YES, ATTACH LETTER OF REQUEST

Planned Development/Manufacturing PMD/PD#:
 Zoning District: **C1** Other: **C1-2**

TIME STAMP

TYPE OF SIGN:
 ADVERTISING ILLUMINATE MOVEABLE
 BUSINESS FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) **120**
 TOTAL AREA OF NEW SIGN (SQ.FT.) **120**
 TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) **300**
 HEIGHT OF SIGN ABOVE GRADE (TO TOP) **12ft in**

DISTANCE OF CURB LINE OUTER EDGE (ft) **15**
 DISTANCE OF STRUCTURE INNER EDGE (ft) **15**

SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft):
 A. PUBLIC PARK (OVER 10 ACRES) **0**
 B. EXPRESSWAY (IF LESS THAN 1,000 FT.) **0**
 C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) **0**

REMARKS

IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?



Original Payee:

Landmark Hold: Status:

ZONING (OFFICE USE ONLY)

PUBLIC WAY USE UNIT: PERMIT INFORMATION SHEET

05/24/2013 - Stan Adams

DBA Name THE BODY SHOP INC

Location 5820 N. WESTERN AVE.

Zip Code 60659

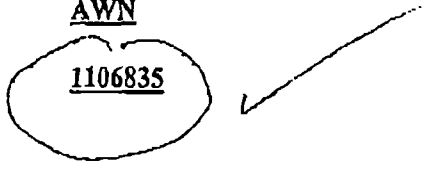
Account Number 278294

Site Number 1

Area PERMIT

Permit Type AWN

Permit Number 1106835



Next steps: Department of Buildings – Permit process for signs

Your Public Way Use permit number is shown above. This number is to be used for each item on your DOB application and is needed for the Buildings (DOB) online sign application located @ www.cityofchicago.org/buildings. All signs, canopies, banners, marquees and awnings require a buildings permit. Only a licensed sign erector may apply for the Buildings permit online. The Buildings permit application will ask for the Public Way Use permit number supplied above. For additional information please contact the Buildings Department at (312) 744-3400.

Please return the completed Public Way Use application to City Hall - 121 N. LaSalle Street, Chicago, IL 60602 Room 800. The completed application package must include a copy of the completed DOB application and the Public Way Use application. The Public Way Use application must contain the Alderman's signature, site plans on 8 1/2 X 11 paper, photos of the item(s), the signed Acceptance letter and a copy of the insurance certificate. For additional information please contact BACP at (312)-74-GOBIZ (312-744-6249).

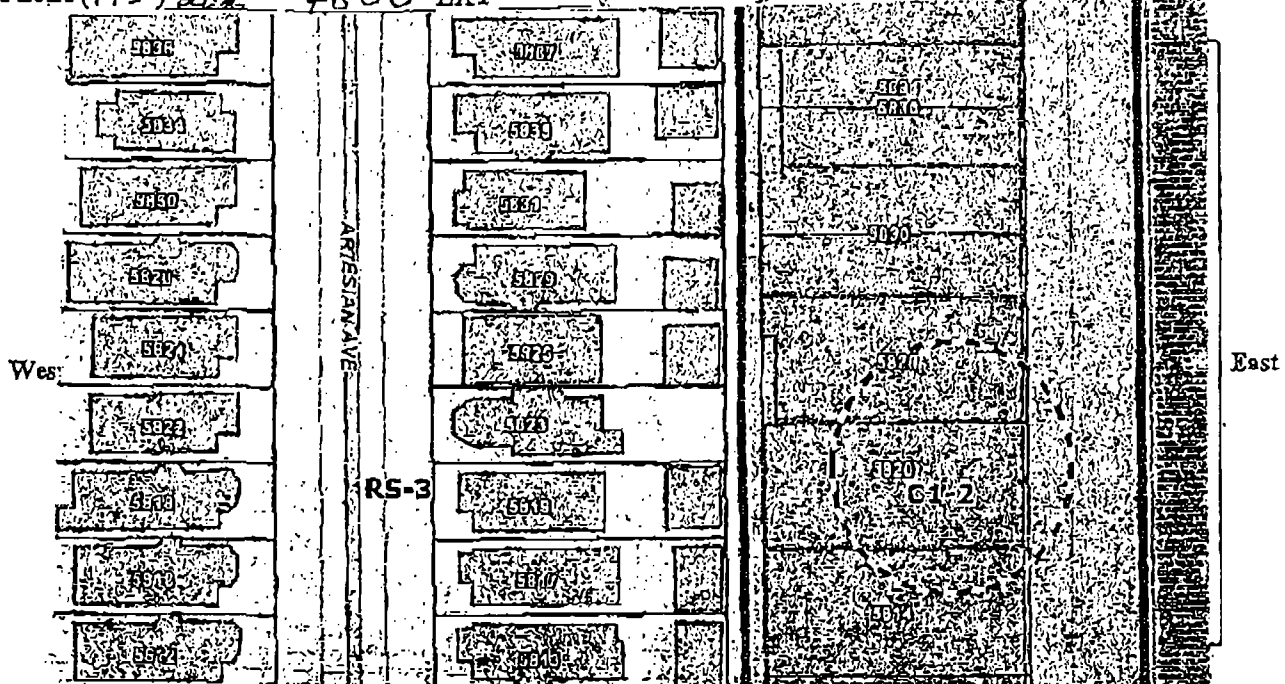
DEPARTMENT OF ZONING AND LAND USE PLANNING
SIGN SITE PLAN

(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: 5820 N. WESTERN AVE. CHICAGO, IL 60659 3 of 3 applications

Sign Company: Sign America Rep Name: Salim

Phone (773) 262-7800 EXT (Below: Building, streets and location of sign on lot or structure)



SIGN USE:

- Bus. ID (On-premise)
- Business Lice. #
- Advertising (Off-premise)

PERMIT TYPE:

- New Construction
- Change of Face
- Previous Permit #

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign 120
 Gross area of all proposed signs 300
 Area of all existing signs
 (not including proposed) on Zoning Lot 300 SQ FT

TYPE OF SIGN:

- Flat Wall
- Freestanding
- Awning
- Marquee
- High Rise Building
- Projecting Private
- Projecting Public Way
- Public Way Use Permit # 1106835

SIGN CHARACTERISTICS:

- Non-Illuminated
- Illuminated
- Changing Image
- Video Display
- Flashing

DISTANCE FROM:

Curb Line: 15 FT
 Expressway, Toll Roads
 or Major Route N/A
 (n/a if over 1000 ft) N/A
 Park (over 10 acres) N/A
 Residential Zone N/A
 Existing Off-premise on
 same side of street: N/A

Signature: Pashanif

Date: 4-21-14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2014

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

| | | |
|---|--|---|
| PRODUCER BYRNE, BYRNE & COMPANY 120 SOUTH LASALLE STREET CHICAGO, IL 60603 Clyde Patterson | Phone: 312-346-2150 Fax: 312-346-4637 | CONTACT NAME: Clyde Patterson PHONE (A/C, No, Ext): 312-456-2889 FAX (A/C, No): 312-346-4637 E-MAIL ADDRESS: clydep@byrnebyrne.com |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED The Body Shop-Western Ave., Inc. 5820 N. Western Avenue Chicago, IL 60659 | INSURER A: Cincinnati Insurance Co. NAIC # 10677 | |
| | INSURER B: Carolina Casualty Insurance Co | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURER | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X | EPP0004133 | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Emp Ben. \$ XXXXXXXXXX |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | EPP0004133 | 12/31/2013 | 12/31/2014 | COMBINED SINGLE LIMIT (Eq accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0 | X | EPP0004133 | 12/31/2013 | 12/31/2014 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | BNUWC0126095 | 12/31/2013 | 12/31/2014 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Chicago, its agents and employees, are listed as additional insureds in regards to the driveway, awning and flagpole at 5820 N. Western Avenue, Chicago, IL

| | |
|--|--|
| CERTIFICATE HOLDER CITYO-3 Chicago Dept. of Transportation Driveway Permits 121 N. LaSalle St., Room 905 Chicago, IL 60602 | 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 |
|--|--|

2650
773-784-1805
773-784-1805
1005 N 24th St
Chicago, IL 60640

CITY OF CHICAGO

LICENSE CERTIFICATE

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING STREET VENDOR LICENSE IS HEREBY GRANTED TO

NAME THE BODY SHOP WESTERN AVENUE, INC.
DBA THE BODY SHOP INC.
5810 S. WESTERN AVENUE
CHICAGO, IL 60659

FEE: \$444.240.00

LICENSE NO. 378234
EXPIRES 12/31/15
ISSUED 10/31/14

EXPIRES 12/31/15

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE PROVISIONS AND CONDITIONS OF THE APPLICATION HEREOF AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY THE CHICAGO BUSINESS REGULATION AND COMPANY ACT AND ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE CITY OF CHICAGO AND THE STATE OF ILLINOIS. THE CITY OF CHICAGO IS NOT RESPONSIBLE FOR THE ACTIONS OF THE LICENSEE IN THE COURSE OF HIS BUSINESS. THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSEE'S PREMISES.

EXPIRATION DATE 12/31/15

ATTEST

Sally A. Mendez
CITY CLERK

Ralph...
SINGULAR

CITY CLERK

378234

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSEE'S PREMISES.

