



City of Chicago
Office of the City Clerk
Document Tracking Sheet



O2014-3321

Meeting Date: 4/30/2014
Sponsor(s): Thompson (16)
Type: Ordinance
Title: Exemption from physical barrier requirement for commercial driveway alley access for Drive Out Auto Incorporated
Committee(s) Assignment: Committee on Transportation and Public Way

BE IT ORDAINED BY THE CITY COUNCIL OF CHICAGO:

SECTION 1. Section 10-20-430 of the Municipal Code of Chicago, the Commissioner of Transportation is hereby authorized and directed to exempt **Drive Out Auto, Incorporated of 5601-5623 South Western Avenue** from the provisions requiring barriers as a prerequisite to prohibit alley ingress and egress to parking facilities for Premise Address.

SECTION 2. This ordinance shall take effect and be in force from and after its passage and publication.



JoAnn Thompson
JoANN THOMPSON
Alderman, 16th Ward



City of Chicago
Rahm Emanuel
Mayor

Application for Business License and Tax Registration

Acct# 389078 Site# 1 Appl# 2450848 APP / ISSUE

City of Chicago - Department of Business Affairs and Consumer Protection
Business Assistance Center
City Hall, Room 800
121 North LaSalle Street
Chicago, IL 60602

(312)-74-GOBIZ (312-744-8249)
(312) 744-1944 (TTY)
businesslicense@cityofchicago.org

ACCOUNT INFORMATION

Account Number	389078
Site Number	1
Legal Name	DRIVE OUT AUTO INC.
Legal Entity Type	CORPORATION
Business Start Date	03/21/2014
FEIN	
IBT Number	
SSN	
If Applying as Trust, Trust Number	
Incorporation State	IL
Incorporation Date	03/19/2014
If Exempt, Illinois Exemption Number	
Illinois Exemption Expiration Date	

If you are claiming exemption status you must attach a copy of your Illinois Exemption Certificate or Insurance Certificate.

BUSINESS LOCATION INFORMATION

Site Number 1 Is this site also your headquarters (Y/N)? Y

DBA (Doing Business As) DRIVE OUT AUTO INC.

Site Start Date 03/21/2014

Business Activity 20500 SQ FT-1ST FL-2 EMPLOYEES-OUTDOOR USED CAR SALES

Property Identification Number (PIN)

Sector	Group	Business Activity
RETAIL SALES / NON-FOOD	Sales / Rental / Lease of New or Used Vehicles (Land, Water or Air)	Sales / Rental / Lease of Motorized Vehicles

Business Contact	MAHMOUD J. ALI	Phone Number	(708)369-2708
First	Middle	Last	Suffix
Email Address		Fax Number	
Address		5601-5623 S. WESTERN AVE.	
Street No./Street Name		IL	60636
CHICAGO		State	Zip

Hours of Operation	Day	Start	End
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		

NEW LICENSE INFORMATION

The following licenses are required to operate the business listed above. The following are application fees:

Code	License Description	Location Description	Application Fee	Publication Fee
1010	Limited Business License		\$ 250.00	\$ 0

INSPECTIONS REQUIRED

Zoning Department

OWNER/OFFICER INFORMATION - FOR PERSONS NOT LEGAL ENTITIES

Name	MAHMOUD	J	ALI	
	First	Middle	Last	Suffix
Title	PRESIDENT			Ownership 100 %
Date of Birth	***/**/****			SSN ***-**-****
Residential Phone Number	(708)369-2708			Fax Number
Email Address				
Residential Address	18068 OWEN DR.			
	Street No. /Street Name			
	ORLAND PARK	IL	60467-	
	City	State	Zip	

Name	First	Middle	Last	Suffix
Title				Ownership %
Date of Birth				SSN
Residential Phone Number				Fax Number
Email Address				
Residential Address	Street No. /Street Name			
	City	State	Zip	

Attach a separate sheet with the above information for any additional Owners / Officers or Legal Entities

OWNERSHIP INFORMATION - FOR LEGAL ENTITIES

Legal Entity Type	(Corporation, Not-For-Profit Club, Partnership, Limited Partnership or Limited Liability Company)			
Legal Name				
FEIN	IBT			
Incorporation State	Incorporation Date			
Phone Number	Fax Number			
Email Address	Ownership %			
Address	Street No. /Street Name			
	City	State	Zip	

Attach a separate sheet with the above information for any additional Owners / Officers or Legal Entities

BUILDING OWNER / LESSOR INFORMATION (IF SITE NOT OWNED BY APPLICANT)

Lessor Name _____

Lease Start Date _____ **Lease End Date** _____

Is title to the property held in trust (Y/N)? _____ **If in trust, Trust Number** _____

If in trust, Trust Beneficiary Name _____

Contact Name _____

Phone Number _____ **Fax Number** _____

Address _____
Street No. / Street Name _____

City _____ State _____ Zip _____

BUSINESS LOCATION MANAGER INFORMATION

Manager Name _____
First _____ Middle _____ Last _____ Suffix _____

Date of Birth _____ **SSN** _____

Phone Number _____ **Fax Number** _____

Effective Date _____ **Email Address** _____

Address _____
Street No. / Street Name _____

City _____ State _____ Zip _____

ADDITIONAL INFORMATION

License Type: 1010

Limited Business License

1 I acknowledge that the applicant, or any person who holds 25 percent or more percentage interest in this business license application, is not delinquent on any court ordered child support arrearage, or has failed to comply with a child support withholding notice.

2 What is the total number of employees in your establishment?

3 Are you licensed by the Illinois Department of Professional Regulation? If so, please indicate the occupation/profession listed on your state certificate, and provide a copy of the certificate.

4 Will you operate the business in a building or a completely enclosed structure?

QUESTIONS AND ANSWERS TO DETERMINE APPLICABLE PERMITS

1	Will you install, operate and maintain a SIDEWALK CAFE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will you install, operate and maintain a CANOPY outside your property line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Will you install, operate and maintain a BALCONY outside your property line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Will you install, operate and maintain a public way infringement other than the above (PRIVILEGE) outside your property line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

QUESTIONS AND ANSWERS TO DETERMINE APPLICABLE TAXES Tax Type : 8402 Use Tax for NonTitled Personal Property

1	Will or do you, or your business, purchase \$2,500.00 or more per year of nontitled tangible personal property for use in the City of Chicago from any retail vendor/retailer located outside Chicago? Nontitled tangible personal property includes, but is not limited to, equipment, supplies, office supplies, furniture, building materials, etc. { If yes, go to #2; If no, go to #5.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are you a contractor? { If yes, stop; If no, go to #3.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Are you a business? { If yes, stop; If no, go to #4.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you an individual? { If yes, stop; If no, stop}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are you a retailer located outside the City of Chicago that would like to register to collect the 1% tax from customers who will use the personal property purchased from you within the City of Chicago?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

QUESTIONS AND ANSWERS TO DETERMINE APPLICABLE TAXES Tax Type : 7540 Employer's Expense Tax

1	Do you employ solely agricultural laborers? { If yes, stop; If no, go to # 2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you employ solely domestic servants on a daily basis working in private homes? { If yes, stop; If no, go to #3.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you or have you employed 50 or more employees who each earn \$900.00 in a given quarter and spend at least 50% or more of their work-time in Chicago? When answering this question, you must consider the total number of employees at all your business sites, not just this site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

QUESTIONS AND ANSWERS TO DETERMINE APPLICABLE TAXES Tax Type : 7550 Personal Property Lease Transaction Tax

1	Do you lease any personal property to customers for use in the city? { If yes, go to #2; If no, go to question 3.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you lease any personal property to customers for use in the city, including software leases and nonpossessory computer leases? { If yes, go to #6; If no, go to #3.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you lease as a lessee any personal property from a lessor to be used within Chicago or to re-lease to another customer? { If yes, go to #4; If no, stop.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you lease personal property from a vendor for the purpose of re-leasing said personal property to your customers? { If yes, stop; If no, go to #5.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do your vendors charge you the Transaction Tax on lease of personal property to be used in the city? You must verify that the tax is charged on each of your leases. { If yes, stop; If no, go to #6.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you as a lessor or lessee, solely lease rolling stock used by an Interstate carrier moving in Interstate commerce? { If yes, stop; If no, go to #7.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Do you solely rent or lease medical equipment to patients which correct or replace body parts? { If yes, stop; If no, go to #8.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do you solely rent or lease ground transportation vehicle(s) and with respect to that vehicle you or your lessee (if you are the lessor) are subject to the City of Chicago Ground Transportation Tax? { If yes, stop; If no, go to #9.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you solely engage in the non-possessory lease(s) of a computer to effectuate the execution, clearing, processing, matching or recording of a trade on a board of trade? { If yes, stop; If no, go to #10.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you solely engage in the non-possessory lease(s) of a computer to effectuate the deposit, withdrawal, transfer or loan of money or securities? { If yes, stop; If no, go to #11.}	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Do you solely lease or rent motion picture film(s) used by the owner, manager or operator of a place of amusement that exhibits the film to patrons who are subject to the City of Chicago's Amusement Tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INFORMATION**Tax Type : 8402 Use Tax for NonTitled Personal Property****1 What is the date of your first taxable transaction for this tax?****ADDITIONAL INFORMATION****Tax Type : 7540 Employer's Expense Tax****1 What is the date of your first taxable transaction for this tax?****ADDITIONAL INFORMATION****Tax Type : 7550 Personal Property Lease Transaction Tax****1 What is the date of your first taxable transaction for this tax?**



City of Chicago Public Way Use Acknowledgement

On DRIVE OUT AUTO INC., DRIVE OUT AUTO INC.

(Expected) Business Start Date

Legal Name of Business

began or intends to begin operations of a Business Description/Type of Business

at 5601-5623 S. WESTERN AVE., CHICAGO, IL 60636

Business Location Street Address, City, State and Zip Code

By filling this Affidavit I, Business Owner Name, affirmatively state and attest that:

I have been advised about and I fully understand my public way use requirements and

There are **NO** public way use(s) above, on, or below the public way at this present time. However, if I plan to install or use any public way uses above, on, or below the public way in the future, I will apply for the required permit(s) prior to said installation(s) or use of the public way.

There are public way use(s) above, on, or below the public way and I will apply for the required permit(s) immediately. In addition, if I plan to install or use any other public way use(s) above, on or below the public way in the future, I will apply for the required permit(s) prior to said installation(s) or use of the public way. The currently existing public way use(s) include:

Sidewalk Café Canopy/Awning Light
 Balcony Sign Other _____

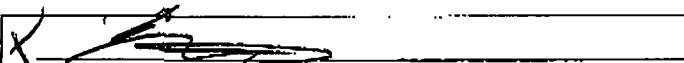
ACKNOWLEDGEMENT

I certify that the information supplied in this document is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. Any false statement will subject the license applicant to potential penalties under the City of Chicago False Statement Ordinance per Section 1-21-010.

Print Business Owner Name

Phone Number

Email Address

 Signature of Business Owner		Date
Preparer's Name	Preparer's Signature	Date
Preparer's Address (Street, City, and Zip Code are required.)		Preparer's Phone Number

SIGNATURE REQUIREMENTS

To the best of my knowledge, the business identified in this application is subject to only those licenses, permits, and taxes noted on this application. I understand that upon any change to the business activity, I am obligated to notify the Chicago Department of Business Affairs and Consumer Protection by filing a new application.

I certify that any structural, plumbing, ventilation or electrical changes made to the premises identified in this application, were done pursuant to a valid building permit.

I understand that per Section 4-4-175 of the Chicago Municipal Code, all license holders, other than city liquor license holders, shall notify the Department of Business Affairs and Consumer Protection within 60 days of the effective date of any change that occurs in the officers, substantial owners, members or any other individual required to be identified in the initial license application, by filing the appropriate application. Per Section 4-60-060, liquor license holders shall notify the Department of Business Affairs and Consumer Protection within 30 days of the effective date of any such change.

I understand that per Section 4-4-60 of the Chicago Municipal Code, no license, other than liquor, public place of amusement or performing arts venue, shall be approved and the license application fee shall be forfeited if the application review process is not completed within 90 days after the license application is filed, except where the delay in completing the process has been occasioned by the city. A new application and filing fee must be submitted to the Department of Business Affairs and Consumer Protection after the expiration of the 90-day period.

I understand that per Section 1-21-010, any person who knowingly makes a false statement of material fact to the City in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the City for a civil penalty of not less than \$500.00 and not more than \$1,000.00 plus up to three times the amount of damages which the City sustains because of the person's litigation and collection costs and attorney's fees.

I understand that until a license application is filed and approved and a business license certificate is issued, I may not operate the business. I understand that this license application will not be considered filed until all application requirements have been met and all required fees have been paid. I understand that operating a business without a license may subject the license applicant to penalties provided in Chapter 4-4, 4-60 and 4-158 of the Chicago Municipal Code including the imposition of a fine up to \$10,000 and closure of the premises.

LICENSE REFUND POLICY

I understand that the Department of Business Affairs and Consumer Protection will issue a rebate or refund of a license fee, in total or in part, only under one of the following conditions:

- 1. The license fee was collected through an error.
- 2. The licensee has been prevented from enjoying the license privilege due to induction into the armed services of the United States and has been stationed beyond the city.
- 3. The licensed business is forced to close before the expiration of the license period by reason of the taking over of the licensed premises by the United States Government.



Authorized Signature

Date

Printed Name

Title

The person who assisted in the preparation of this document must complete the section below:

Preparer's Name

Preparer's Signature

Date

Preparer's Address (Street, City, and Zip Code are required.)

Preparer's Phone Number

