Office of Chicago City Clerk

O2011-4497

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	6/8/2011
Sponsor(s):	Thompson, Joann (16)
Type:	Ordinance
Title:	Exemption from physical barrier requirement for commercial driveway alley access for Express Tire Repair/Ubaldo Santos
Committee(s) Assignment:	Committee on Transportation and Public Way

BE IT ORDAINED BY THE CITY COUNCIL OF CHICAGO:

SECTION 1. Pursuant to Section 10-20-430 of the Municipal Code of Chicago, the Commissioner of Transportation is hereby authorized and directed to exempt **Express Tire Repair / Ubaldo Santos** of **5826 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.

Jo Ann Thompson

JO ANN THOMPSON
Alderman, 16th Ward

CITY OF CHICAGO
Business License Information

Account Number (DEPT USE ONLY)

Entity Information

Type of Business [X] Sole Proprietorship [ ] Corporation [ ] LLC [ ] Non-for-Profit [ ] Partnership [ ] Other:

Legal Name of Business UBALDO SANTOS

For Sole Proprietors, this is the name of the business owner. For all others, print the exact legal name of the corporation, LLC, Partnership, etc.

"Doing Business As" Name EXPRSS TIRE REPAIR

The exact "Doing Business As" name of the establishment applying for a license (usually the name on the sign over the business)

▼ An Illinois Business Tax number is REQUIRED for all businesses that make RETAIL SALES in the state of Illinois

Illinois Business Tax [ ]-[ ] **IBT** Assigned by the Illinois Department of Revenue, apply at 100 W. Randolph or www.revenue.state.il.us/app/ibr/

▼ A Federal Employer Identification number and formation information is REQUIRED for all businesses other than Sole Proprietorships

Federal Employer Ident. [ ]-[ ] **FEIN** Assigned by the IRS, apply at www.irs.gov/businesses or by calling 800-829-4933

Incorporation Date [ ]/[ ]/[ ] **State of Incorporation** [ ]

▼ A State of Illinois File number is REQUIRED for Corporations, LLCs, and Non-for-Profit Corporations

State of Illinois File [ ] Assigned by the Illinois Secretary of State, available online at www.ilsos.gov/corporate/llc

▼ A Sales-Tax Exemption Number is REQUIRED for non-for-profit corporations that have tax-exempt certificates from the state of IL

Illinois Exemption E[ ]-[ ]-[ ] Assigned by the Illinois Department of Revenue, call 217-782-8881 or www.revenue.state.il.us/NonProfits/

Expiration Date [ ]/[ ]/20[ ]

Business Activity and Location

Business Activity ▶ List your business's activities, including all products or services you offer.

1 Fix Tires, sell new and used tires and Rims that stores 1,000 tires or more. Engine Repairing.

Does your business sell goods at this address? [ ] YES [ ] NO

If YES, what kind of sales are made? [ ] RETAIL [ ] WHOLESALE [ ] BOTH

If BOTH, what percentage of your floor space is devoted to retail sales? [ ]%

Business Site Address Provide the address where business transactions and/or activities occur. If the business operates from an extended address, please provide the full extended address.

5826 (Street Number) S (NSEW) WESTERN (Street Name) AVE (Ave, St, etc.)

CHICAGO (City) ILL (State) 60636 (Zip Code)

2,750 (Sq. Footage used by business) 0 (# of Employees at this site) [ ] (Suite/Apt. Number) 1 (Floors Occupied)

Primary Contact Person UBALDO (First Name) [ ] (Middle)

SANTOS (Last Name) [ ] (Jr./Sr)

Contact Phone 773 808-6889 **Fax** [ ]-[ ]

Contact Email [ ]

FLIP OVER AND COMPLETE BACK

Owner and Officer Information

Sole Proprietors are required to provide information about the Sole Proprietor that owns the business
Corporations are required to provide information about their President, Secretary, and any other shareholders with a major beneficial interest
Non-for-Profit Corporations are required to provide information about their President and Secretary
Limited Liability Corporations are required to provide information about Managing Members, and any other shareholders with a major beneficial interest
Partnerships & Limited Partnerships are required to provide information about all Partners with a major beneficial interest

The information above is required for all business. More information on owners and officers may be required by the Department of Business Affairs and Consumer Protection depending on the licensing requirements of your specific business.

Ownership %	Title
100	☒ Sole Proprietor ☐ President ☐ Managing Member ☐ Other:

First Name	Middle Name	Last Name
Ubaldo		Santos

Current Residential Address	Suite/Apt.	City	State	Zip code
5410 S Richmond	1 floor	Chicago	ill	60632

Home Phone	Social Security #	Date of Birth:	Email Address
(773) 8086089	327800974	11/24/1958	

Ownership %	Title
	☐ Secretary ☐ Managing Member ☐ Other:

First Name	Middle Name	Last Name

Current Residential Address	Suite/Apt.	City	State	Zip code

Home Phone	Social Security #	Date of Birth:	Email Address
( )	- -	/ /	

Ownership %	Title
	☐ Vice President ☐ Member ☐ Other:

First Name	Middle Name	Last Name

Current Residential Address	Suite/Apt.	City	State	Zip code

Home Phone	Social Security #	Date of Birth:	Email Address
( )	- -	/ /	

Ownership %	Title
	☐ Treasurer ☐ Member ☐ Other:

First Name	Middle Name	Last Name

Current Residential Address	Suite/Apt.	City	State	Zip code

Home Phone	Social Security #	Date of Birth:	Email Address
( )	- -	/ /	

Ownership %	Title
	☐ Shareholder ☐ Other:

First Name	Middle Name	Last Name

Current Residential Address	Suite/Apt.	City	State	Zip code

Home Phone	Social Security #	Date of Birth:	Email Address
( )	- -	/ /	

PLEASE DO NOT SEND ANY PAYMENTS WITH THIS PRE-APPLICATION