



Office of the City Clerk



Or2013-26

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	1/17/2013
Sponsor(s):	Suarez, Regner Ray (31)
Type:	Order
Title:	Issuance of permits for sign(s)/signboard(s) at 2500 N Pulaski Rd
Committee(s) Assignment:	Committee on Zoning, Landmarks and Building Standards

City Council
Meeting Date: January 17, 2013
Committee on Buildings

(signs)

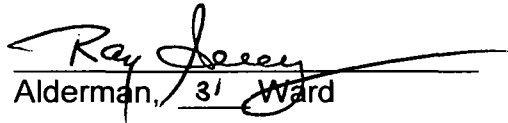
ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to: KGD Enterprises, Inc, (dba) Chicago Sign, 26w535 Saint Charles Road, Carol Stream, IL 60188 for the erection of a sign / signboard over 24 feet in height and / or over 100 square feet (in area of one face) at: Logan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


Alderman, 31 Ward



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100412767	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF APPLICATION 09/29/2011			TYPE OF SIGN FLAT OR BOX	
ADDRESS OF SIGN 2500 N PULASKI RD. 60639-			LENGTH	FT 16
BUILDING			IN	0
ORIGINAL PERMIT NUMBER ES 3433146			HEIGHT	FT 19
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)			AREA	SQ FT 315
PAYER OF ANNUAL INSPECTION SUPPLY, LOGAN SQUARE ALUMINUM 2500 N. PULASKI ROAD CHICAGO, IL 60639 (773)235-2500			WEIGHT	LBS 900
SIGN MANUFACTURER KGD			SIGN HEIGHT ABOVE GRADE/ROOF FT 12	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION			SHAPE OF SIGN REGULAR	
TICKET NUMBER 0			SIGN WILL READ REMODELLERS SUPPLY, STUDIO 41, (CHANGING IMAGE)	
REINSPECTION CONTROL NUMBER			NO OF LAMPS 2,424	
TYPE OF SUPPORT FOR SIGN GROUND STRUCTURE			TOTAL WATTAGE 9000	
SIGN BOARD SUPPORT MEMBERS STEEL			TYPE OF LAMP OTHER	
ANNUAL FEE			NO OF BALLAST/TRANSFORMERS 10	
CONSTRUCTION FEE 1,200.00			INPUT OF TRANSFORMERS 240V	
1017 B FEE			CONTRACTOR WILL INSTALL <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
TOTAL FEE 1,200.00			FEEDERS CUSTOMER LEADS	
AMOUNT PAID 200.00			TYPE OF SWITCH SPECIAL	
BALANCE DUE \$ 1,000.00			LOCATION OF SWITCH INSIDE SIGN	
Check # for Zoning			SIGN LOCATION REFACE ONE SECTION OF EXISTING PYLON SIGN. OBTAIN PERMIT FOR COMPLETE SIGN.	
Check # for DCAP				


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.

ELECT CONTR KGD ENTERPRISES, INC.	REG NO. E92687	BOND NO 0482722	REG NO N93120
ADDRESS 204 N GARY AVE WHEATON, IL 60187	ELECTR	SIGN ERECTOR KGD ENTERPRISES	SIGNER
SUPERVISOR SIGNATURE 		ADDRESS 204 N GARY WHEATON IL, 60187	SIGNATURE

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, MayorDepartment of Buildings
Michael Merchant, Commissioner

Page 2 of 2

TYPE OF BUSINESS <u>COMMERCIAL</u> Other: _____ Name: <u>REMODELERS SUPPLY</u> LIC #: <u>85760</u> Renewal Date: _____	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>1098206</u> <input type="checkbox"/> Planned Development/Manufacturing PMD/PD#: _____ Zoning District: <u>M2</u> Other: _____	TIME STAMP:
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input checked="" type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>364</u>	
TOTAL AREA OF NEW SIGN (SQ.FT.) <u>315.95</u>	
TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <u>675</u>	
HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>31'-8" 19ft 4in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) <u>5</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>1</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 ACRES) _____ B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____	REMARKS <div style="text-align: center;">  </div>
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Payee: _____	
Landmark Hold: <input type="checkbox"/> Status: _____	
ZONING (OFFICE USE ONLY)	

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

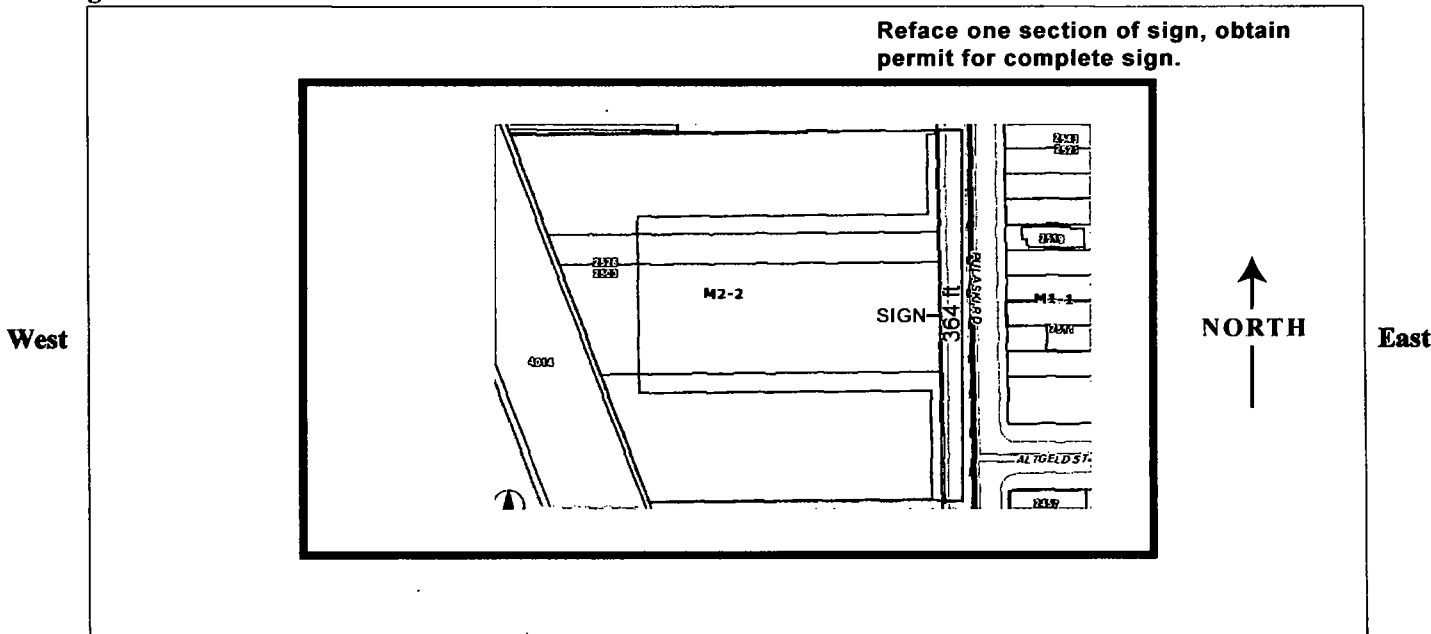
Site Address: 2500 N. Pulaski 1 of 1 applications

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

Phone () 630 - 407-0802 EXT (Below: Building, streets and location of sign on lot or structure)

Zoning District: M2-2 North

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



South

SIGN USE:

Bus. ID (On-premise) ☒

Business Lice. #

85760

Advertising (Off-premise) ☐

PERMIT TYPE:

New Construction ☐

Change of Face - - - - - ☒

Previous Permit # ☐

ES 3433146

TOTAL SQUARE FOOTAGE:

Square footage of this proposed sign 315

Gross area of all proposed signs

Area of all existing signs

(not including proposed) on Zoning Lot 675

TYPE OF SIGN:

Flat Wall ☐

Freestanding ☒

Awning ☐

Marquee ☐

High Rise Building ☐

Projecting Private ☐

Projecting Public Way ☒

Public Way Use -Permit #

1098206

SIGN CHARACTERISTICS:

Non- Illuminated ☐

Illuminated ☒

Changing Image ☒

Video Display ☐

Flashing ☐

☒ 3' proj
x 2' 6" w.

DISTANCE FROM:

Curb Line: 5 ft

Expressway, Toll Roads

or Major Route

(n/a if over 1000 ft)

Park (over 10 acres)

Residential Zone

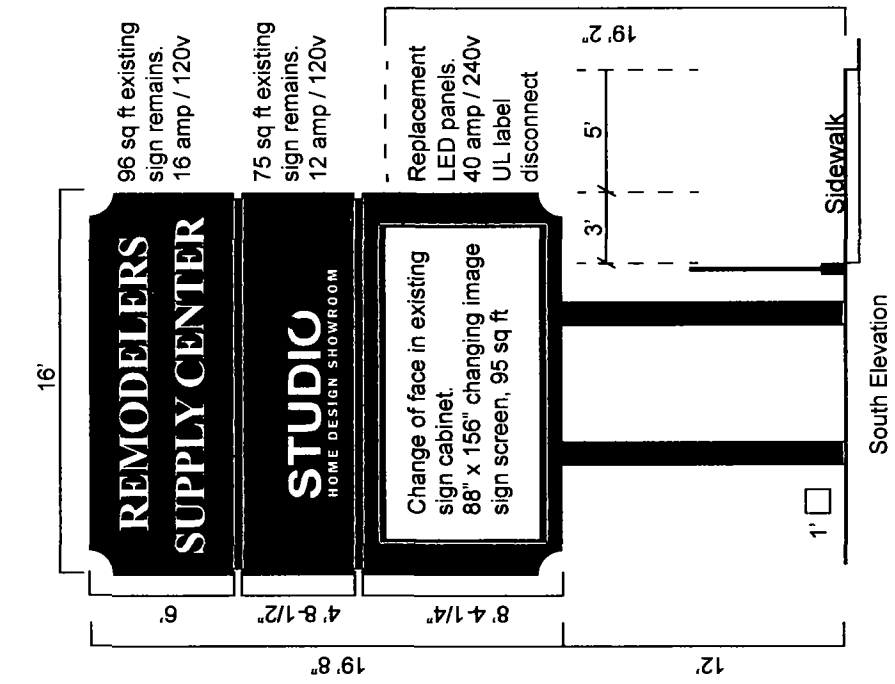
Existing Off-premise on

same side of street:

Signature: John Doyle

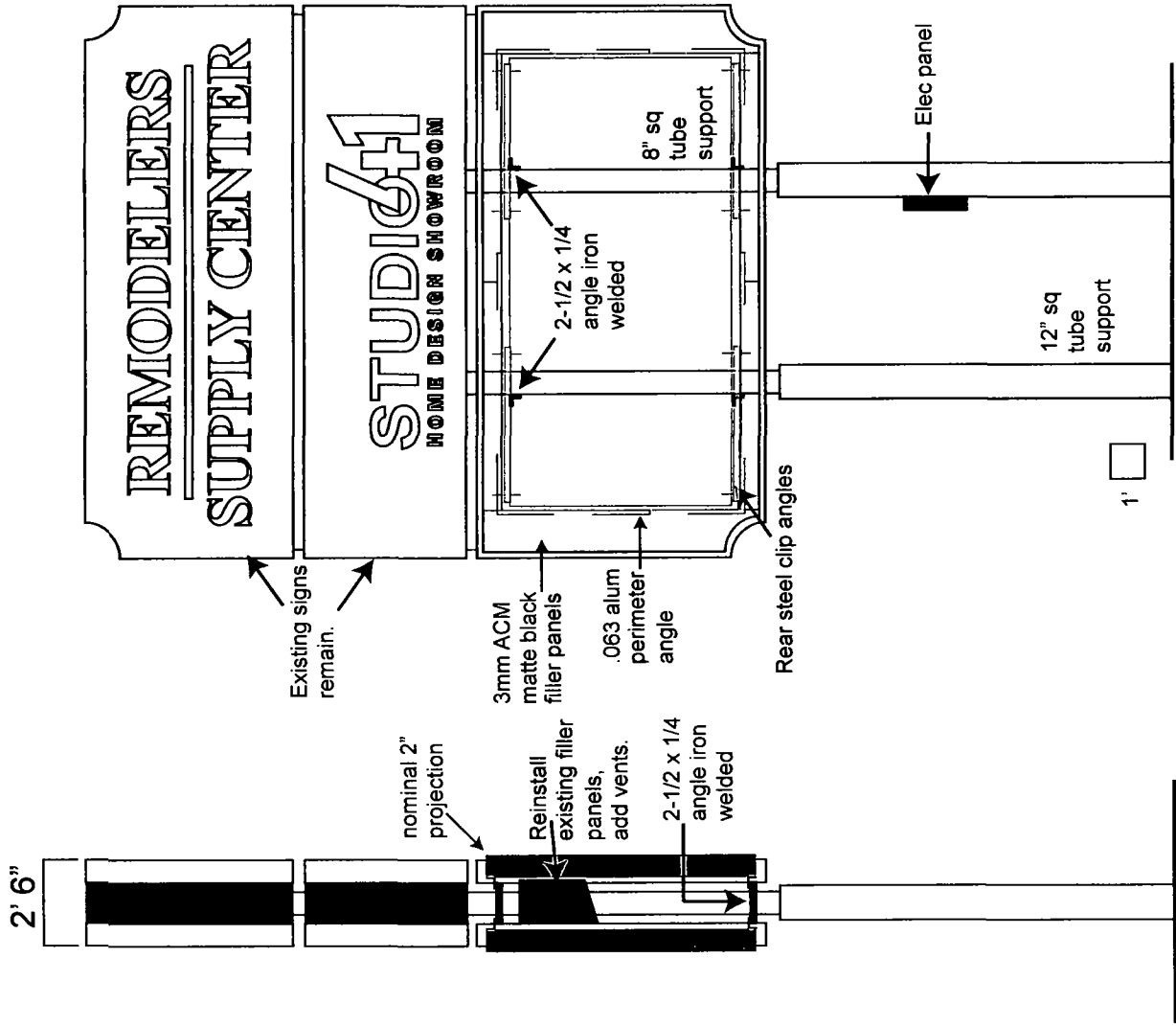
Date: 9/29/2011

Existing sign size and height to remain as is.



Remodel bottom sign section.
Add New WatchFire Twinpak Sign to each side. 7'10"x13' 3" x 8" cabinets welded to steel support tubes.
Add 3mm ACM filler panels. Caulk.
Reinstall existing side filler panels and add vents as required.
Add alum. wraps as shown at right.

88" x 156" changing image LED sign screen, 16mm color 128x240 matrix 95 sq ft 40 amp / 240v UL label disconnect Owner to provide 50 amp / 240v electric circuit for EMC sign at base.



End View

A/P # [ES3433146] Type [ES_PERM] [PERMIT - SIGNS]

Originating Office [DCAP - 9TH FL] Conditional Permit [] Drawing Approval # [18394]

Sign Permit Type [NEWSGN] Sign Manuf [] Test Lab []

[] Sign w/no bldg Support Type [POLE] Support Material [NONE] [] Painted Wall? [] Secondary Sign

Type and Size of Sign [] Use Type (select only 1) Length [16 ft] [0] in Area [176]

Type [PRJPUB] # of Signs [0] [] Advertising [] Business Height [11 ft] [0] in # of Faces [0]

Billboard Y/N [] Weight [2500] Height Above Grade or Roof [31 ft] Shape []

Sign to Read [REMODELERS SUPPLY CTR DIV LOGAN SQ BLDG SUPPLY, ETC] [] Man Calc Area?

Electrical Equipment

[] Electrical Work Not Required [] Flashing [] Movable Parts [] Switch

of Lamps [20] Total Wattage [2200] Type of Lamps [FLUOR] Type []

of Ballasts or Transformers [5] Input of Transformer [120V] Location []

Sign Status: [REMOVED] Lease Number [] Penalty Fee Y/N: [Y] Prev CN: [0]

Sign Annual Fee: [154] Exempt? [] Reason []

[Y] Projects Over Public way.

APPLICATION TO USE THE PUBLIC RIGHT OF WAY



APPLICANT INFORMATION

LEGAL NAME OF ENTITY: Logan Square Aluminum Supply, Inc.

PERMIT MAILING ADDRESS: 2500 N. Pulaski Road.

CITY: Chicago STATE: IL ZIP CODE: 60639

CONTACT PERSON: John Mannion TITLE: Executive GM

PHONE: 773 297 5803 FAX: 773 235 3412 E-MAIL: jmannion@shopstudio41.com

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	HOW MANY?	BUILDING ADDRESS
<u>Sign</u>	<u>1</u>	<u>2500 N. Pulaski Rd. (update existing)</u>
<u>Note: LED Brightness will be lowered to</u>		
<u>1250 NITS between 10PM-6AM daily.</u>		

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. All measurements must be indicated.

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: John Mannion TITLE: Exec GM

F.E.I.N. or SOCIAL SECURITY NUMBER: _____

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	WARD	DATE
<u>X Ray J. [Signature]</u>	<u>31st</u>	<u>9/22/11</u>





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 at 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 all 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 the permit.

SIGNATURE: [Signature] DATE: 9/30/11
 PRINT NAME: John Mannion TITLE: Executive GM

ACCOUNT #: 85670-19 SITE # _____
 LEGAL NAME OF ENTITY: Logan Square Aluminum Supply, Inc.
 BUSINESS NAME (DBA): Studio 41
 BUSINESS LOCATION ADDRESS: 2500 N. Paulina Road
 CITY: Chicago STATE: Illinois ZIP CODE: 60639
 BUSINESS PHONE: 773 235 2500
 E-MAIL: jmannion@shopstudio41.com PERMIT TYPE: Sign





LOGASQU-01

CRSU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2011

PRODUCER PSI Insurance Agency, Ltd. G. A. Crandall & Co., Inc. 6851 W. 167th Street Tinley Park, IL 60477-1248		(708) 633-8100		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Logan Square Aluminum Supply, Inc. 2500 N. Pulaski Road Chicago, IL 60639		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A: Wausau Underwriters Ins. Co.			
		INSURER B: Safeco Insurance Company		19690	
		INSURER C:			
		INSURER D:			
		INSURER E:			

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.

INSR ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TBJZ91444626041	7/1/2011	7/1/2012	EACH OCCURRENCE	\$ 1,000,000.
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000.	
		MED EXP (Any one person)				\$ 5,000.	
		PERSONAL & ADV INJURY				\$ 1,000,000.	
		GENERAL AGGREGATE	\$ 2,000,000.				
		PRODUCTS - COMP/OP AGG	\$ 2,000,000.				
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	24CC24440240	7/1/2011	7/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	THCZ91444626040	7/1/2011	7/1/2012	EACH OCCURRENCE	\$ 10,000,000
		AGGREGATE				\$ 10,000,000	
		DEDUCTIBLE				\$	
		RETENTION \$				\$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N <input checked="" type="checkbox"/> N	02WC57572020	7/1/2011	7/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ 500,000	
		E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
		E.L. DISEASE - POLICY LIMIT				\$ 500,000	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / 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

CANCELLATION

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

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 insurer(s), 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.



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

Account: 85670-14
DBA Name: Studio 41 / RSC
Location: 2500 N. Paulina Rd

1. Do you or have you ever had an account with the Department of Business Affairs and Licensing? ☒ Yes ☐ 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 (if you do not own/operate a business)
- ☐ Trust

3. What date did your business open? 015 - 116 - 119719

You must answer question 4a or question 4b

4a. What is the legal name of your Corporation, Partnership, Limited Partnership, Limited Liability Company, or Not-For-Profit Club (Corporation)?

Logan Square Aluminum Supply, Inc.

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

First

Last

5. What is your FEIN N

6. What is your IBT Number?

7. In what state did you incorporate? IL
(If Corporation or LLC)

8. What date did you incorporate? 05/16/1979

9. What is your File number with the State of Illinois?
(If Corporation, Not-For-Profit Club, LLC or Limited Partnership)

10. What is your business name or Doing Business As (DBA)? Studio 41

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

12. What is the expiration date for your state of Illinois Exemption number, if applicable?



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

13. Describe your business activity. Please mention all product or service lines offered by your business.

Home improvement product sales:
plumbing fixtures, cabinetry, door
hardware, and windows.

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

John Mannon
First Middle Last

15. What is the primary contact person's telephone number?

773 297 3803

16. What is the primary contact person's mailing address?

2500 N. Pulaski Road
Street Number Dir Street Name Suite/Apt# Floor Number
Chicago IL 60639
City State Zip Code

17. What is the phone number for this site?

773 235 2500

18. What is the FAX number for this site?

773 235 3412

19. What is the e-mail address for this site?

jmannon@shopstudio41.com

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

13-27-415-026, 027, 038, 039

21. Please mark the following box with an "X" if this property is held in trust. ☐
(If not in trust, please continue with question 22.)

22. If trust, what is the name of the trust beneficiary?
(If individual, please indicate First, Middle and Last Name.)



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

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

Ownership Information

Section I - Owner Details

1. Louis Silver
First Middle Last

Title (check one):

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

Birth Date 8/1/1957 Social Security Number 361 50 2732 Percentage of Ownership 33 %

130 Rue Forest
Street Number Dir Street Name Suite/Apt# Floor Number
Lake Forest IL 60045
City State Zip Code

Phone Number 713 235 2500 FAX Number 713 235 3413 E-mail Address _____

2. Nathane Silver
First Middle Last

Title (check one):

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

Birth Date 9/23/1951 Social Security Number 331 46 7193 Percentage of Ownership 33 %

1015 Sheridan Drive
Street Number Dir Street Name Suite/Apt# Floor Number
Wauconda IL 60084
City State Zip Code



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

Phone Number 773 235 2500 FAX Number 773 235 3912 E-mail Address _____

Section II - 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?
(If 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? _____
(If Corporation or LLC)

What date did you incorporate? _____
(If Corporation or LLC)

Percentage of Ownership _____ %