

# City of Chicago

## Office of the City Clerk

## **Document Tracking Sheet**



O2019-5508

Meeting Date:

Sponsor(s):

Type:

Title:

7/24/2019

Mitts (37)

Ordinance

Amendment of Municipal Code Section 4-60-022 (37.31) to allow additional alcoholic liquor licenses on portion(s) of W Chicago Ave Committee on License and Consumer Protection

Committee(s) Assignment:



### ORDINANCE

#### BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

**SECTION 1.** Section 4-60-022 of the Municipal Code of Chicago is hereby amended by deleting the language struck through, as follows:

#### 4-60-022 Restrictions on additional licenses.

Subject to the provisions of subsection 4-60-021(c), no additional license shall be issued for the sale of alcoholic liquor, for consumption on the premises within the following areas:

(Omitted text is unaffected by this ordinance)

(37.31) On Chicago Avenue, from Laramie Avenue to Long Avenue.

(Omitted text is unaffected by this ordinance)

SECTION 2. This ordinance shall be in force and effect upon passage and approval.

/ Emma Mitts Alderman, 37<sup>th</sup> Ward

Please complete and return to Committee prior to committee meeting.

110450		minited prior to committee meeting.
Alderman Mitts		37th Ward
Date of Intro: 7/24/20	019	Committee Meeting:
Tavern Code # 4-60-022(37.	31)	Package Goods <b>Code</b> #
General Location: C	hicago Ave., Laramie to	Long
Name of Business:	Chicago Eats Sports B	ar
Address:	5312 W. Chicago Ave.	
Since imposition of t	he moratorium: (Attach a	ny written reports or testimony on listed
concerns).		
New development pl	anned?	
New owner?	Change of Office	ers?
If so, nature, size and	proposed start date:	
Describe any change	s in land use in and/or aro	und area.
Changes in demand f	or police response related	to local liquor sales?
Changes in loitering	/ gang activity in area?	
		ales in area?
C.P.D. comment on o	changes in area?	
		area?
		ts?
Other comments?		

<b>Emma</b>	Mi	tts
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37th Ward Alderman

Please complete the form with your concerns Please print

NO. $24$ Please print	
Date: $7 - 1 - 19$	Time in:
Name Shaukter Jakes	PCT:
Address/City/Zip: 682 W. CHICAD AVE	
Phone (Home or Cell) 312 933 4857	_ E-mail:
Have you visited the office before Y/N	. If so when:
Are you a registered Voter?(Y/N	Is this a service request?: Y/N
· · · · · · · · · · · · · · · · · · ·	- CarL Not - mortivree reeds to be Ald wanted to Uffed the Rot no objection License., No Thrize zone grant
Follow up:	
Outcome/result:	
Staff assigned:	
(For or more notes turn over and write on the back)	