

CITY: F0EU3 -fakt
I'd W. ST. :- Mtb Pt^ttK.

PHONE
CONTACT PERSON:
STATE:

ZIP: I<SQ18
TITLE: Fte&^I D6MT

^epi-t V^tt

6o55'FAX: (-2,f J IffrQ . 53rV2 E-MAIL: kj/fry

PROPERTY OWNER INFORAAATION

NAME: THoft MI STAffeULg>
ADDRESS: ^ IAJ ■ ^TH *ttU£tt - UTV4 PU«*R CITY: k>£IAJ YtPfcX STATE: rO*^
ZIP: tOQ(ft

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
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I:
tfp»K'aWld<£ TUJO -S. STATE - SASTAUff (Cf^3^© e*«ST-
2. *Please enclose one sketch of proposed use of the public way, which maps to scale the-pr; / use and its relationship to surrounding right-of-way.' All measurements must be indicated.*

- 3. All "No Fee" items require a \$50 application fee. Please remit with application.
- 4: "No Fee" items are listed in the price list on page 4.
- 5. 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. 133 STATE; LUC
_BYj_K-^' ^_ ; TITLE: PftES (
F.E.I.N. or SOCIAL SBCURITY NUMBER:

ALDERMAN'S APPROVAL

As part of this application process^ydiLare required to notify/obtain approval from the Alderman in whose ward your proposed us^oTth/public way is located.
ALDERMAN'S SIGNATURE:
DATE:

WARD:
CHICAGO
City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602
3^2.74.GOBIZ (744.6249) | 312.742.1974 (TTY)
BUSINESS AFFAIRS &
consuuawotioion www.cityofchicago.org/bacp <<http://www.cityofchicago.org/bacp>>
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