

LEGAL NAME OF ENTITY: ^rW VcAES1.0fcroCeS <£. jV^5DA> \W(*Q CotOfO ASSOC*
PERMIT MAILING ADDRESS: \<-l^e?>< I^iCJCtT /*Wfa_ ■_
CITY:n^pUt/i>fc*> STATE: | L ZIP: GoalY
CONTACT PERSON: <A|tAtr \$j++oaj TITLE:-<tgaH Maa-»A(>ca.
, PHONE:yn-0^- FAX: frq>3ri. E-MAIL:H-su4W>e.HAIW ft<r/tt
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PROPERTY OWNER INFORMATION

NAME: <|U tWu>A> COavQO A^SQC

ADDRESS: <-V<Tt U> r-\o/U3A^

CITY: CJWcN^h_ STATE: / c_ ZIP: GoG^Cj._-

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

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.

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 6.

5. The prints should also accurately depict the location of the property line and public facilities (meters, light poles, sidewalks). ¹

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: finer S.AAJaJ TITLE: (M^G-Cn..

F.E.I.N. or SOCIAL SECURITY NUMBER: akI^ndHMK

ALDERMAN'S APPROVAL

As part of this application process, in whose ward your proposed use,
ALDERMAN'S SIGNATURE:

required to notify/obtain approval from the Alderman blic way is located.

DATE:

ARD:

|;5^f City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit

BusTwrAsAF^sa Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602

WNsoMtsPsorrncnoN www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974

(TTY)