



**Exterior Non-Illuminated Wall ID Sign**

SOUTH TWATBR

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**APPLICATION TO USE THE PUBLIC RIGHT OF APPLICANT INFORMATION**

LEGAL NAME OF ENTITY: C \A \ K QT LfUtqSno^ fc^T, l^e. PERMIT MAILING ADDRESS: tj^O /O. U^U AiZ.

CITY: i CMtoJLO STATE: -X L-  
CONTACT PERSON: UaM OkrFf-PHONE: 77^<?7k-;5TO ^ FAX: 773-9,3^  
ZIP CODE: A^L<- "7

TITLE: foj, as?-

E-MAIL: SolrM&MHP/s^r.

**BUILDING OWNER INFORMATION**

iS: £ sT/rU <fcw Sr'

NAME:

ADDRESS

CITY: Ch^tMp STATE: JTL\_

PHONE: i-^"Z FAX: -^771

ZIP CODE E-MAIL

**USE OF THE PUBLIC WAY**

1. List the proposed or existing use below and complete the worksheet on page 3. Use only one application for all public way use type. TYPE

HOW MANY? BUILDING ADDRESS

3>n £ Waitf ST-

2. Please enclose one sketch of each proposed use of the public way, which maps to scale the proposed use(s) 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: J/~^^fj TITLE: Pf^S^MT

F.E.I.N. or SPICIAL SECURITY NUMBER: SH^H^

**ALDERMAN'S APPROVAL**

As part of this application process, youj whose ward your proposed use of JJrfflpubj

ALDERMAN'S SIGNATURE:

DATE:

quired to notify/obtain approval from the Alderman in way is located.

CHICAGO

*mm*

City Of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit  
busuwss AHaiasa. Busies Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602  
cmeuKHMOTKiiON; www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)  
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