

ZIP:

CT PERSON: ^QS&p>4 A . StTT TITLE: ffoeSIDgMT
ftl'ZJ^Zq- ^OSS'FAX: J»46o « 53^? E-MAIL: Q/a^

PROPERTY OWNER INFORAAATION

NAME: TUoft 133 ST*ffc , LLC

ADDRESS: "2«=y IAJ .

CITY: IsAEIA) STATE

Vryje-T -

VTE: IO^f

MTH FLOOR

ZIP: IOOtg"

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

SUB

PMC

ope

133 s. state srft. » east au.sy

133 "S.Offers <>Tg. -

>> *5 - STATE ^ - IcASTAUer

2. Please enclose one sketch of proposed use of the public way, which maps to scale trf use and its relationship to surra right-of-way. All measurements must be indicated..

New*

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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 properly 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. V33> STATE,

BY: N--^ TITLE: P RES (DeOT

F.E.I.N. or SOCIAL SBCURITY NUMBER

ALDERMAN'S APPROVAL

As part of this application process.yoiLare required to notify/obtain approval from the Alderman in whose ward your proposed usj^&Tth/public way is located.

ALDERMAN'S SIGNATURE:

DATE:

WARD: fj^ly

C H I C A G O

IllitiPfl? City of CnicaS° | Department of Business Affairs and Consumer Protection | Public Way Use Unit >■ _wi%amm Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602

BUSINESS AFFAIRS «-----» ■--J--> *-■* | am >-u-un< _ ,ci | <

cdm«mui protection www.dtyofchicago.org/bacp <http://www.dtyofchicago.org/bacp> | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)

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