



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
www.chicityclerk.com

## Legislation Details (With Text)

**File #:** Or2013-26  
**Type:** Order **Status:** Passed  
**File created:** 1/17/2013 **In control:** City Council  
**Final action:** 2/13/2013  
**Title:** Issuance of permits for sign(s)/signboard(s) at 2500 N Pulaski Rd  
**Sponsors:** Suarez, Regner Ray  
**Indexes:** SIGNS/SIGNBOARDS  
**Attachments:** 1. Or2013-26.pdf

Date	Ver.	Action By	Action	Result
2/13/2013	1	City Council	Passed	Pass
2/11/2013	1	Committee on Zoning, Landmarks and Building Standards	Recommended to Pass	Pass
1/17/2013	1	City Council	Referred	

City Council Meeting Date:  
Committee on Buildings

(signs)

ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to:  
 KGD Enterprises, Inc, (dba) Chicago Sign, 26w535 Saint Charles Road, Carol Stream, IL 60188  
 for the erection of a sign / signboard over 24 feet in height and / or over 100 square feet (in area of  
 one face) at: Logan Square Aluminum Supply, Inc (dba) Remodelers Supply Studio 41, 2500 N  
 Pulaski Road

Dimensions: Length \_16 ft Height\_19 ft 8 in

Height above grade / roof to top of sign 31 ft 8 in

TOTAL SQUARE FOOT AREA \_315 sq ft

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning Ordinance and all other applicable provisions of the Municipal Code of the City of Chicago governing

the construction and maintenance of outdoor signs, signboards and structures.

CITY OF CHICAGO:

# DEPARTMENT OF BUILDINGS

## Sign Permit Application

APPLICATION NUMBER

100412767

DRAWINGS ATTACHED

YES  
NO

TYPE OF SIGN FLAT OR BOX

ADDRESS OF SIGN

2500 N PULASKI RD. 60639-

IN

0  
FT

19

SQ FT

315

LBS

900

TYPE OF PERMIT

NEW CONSTRUCTION (SIGN)

PAYER OF ANNUAL INSPECTION

SUPPLY, LOGAN SQUARE ALUMINUM 2500 N. PULASKI ROAD CHICAGO, IL 60639  
(773)235-2500

SIGN HEIGHT ABOVE GRADE/ROOF

SIGN TYPE REGULAR

SIGN WILL READ

REMODELLERS SUPPLY, STUDIO 41, (CHANGING IMAGE)

SIGN MANUFACTURER

KGD

TICKET NUMBER

ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION  
REINSPECTION CONTROL NUMBER

0

SIGN SUPPORT for sign GROUND STRUCTURE

SIGN BOARD SUPPORT MEMBERS STIFF

NO OF LAMPS 2,424

TOTAL WATTAGE 9000

TYPE OF LAMP 0111FR

NO OF BALLAST/TRANSFORMERS 10

INPUT OF TRANSFORMERS 240V

CONTRACTOR WILL INST ALL IN FEEDERS YES CUSTOMER LEADS

TYPE OF SWITCH SPECIAL

ANNUAL FEE CONSTRUCTION FEE 1017 B FEE TOTAL. FEE AMOUNT PAID BALANCE DUE

Check # for Zoning

1,200.00

200.00 Check # for DCAP

\$ 1,000.00

LOCATION OF SWITCH INSIDE SIGN

SIGN LOCATION

REFACE ONE SECTION OF EXISTING PYLON SIGN. OBTAIN PERMIT FOR COMPLETE SIGN.

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code

N93120

ELECTOR

KGD ENTERPRISES, INC.

ADDRESS

204 N GARY AVE WHEATON, IL 60187

SIGN ERECTOR

KGD ENTERPRISES

ADDRESS

204 N GARY WHEATON, IL, 60187

City of Chicago

Rahm Emanuel, Mayor

Department of Buildings Michael Merchant, Commissioner

ES PERM APP WEBRD060211

TYPE OF BUSINESS COMMERCIAL Other:

Name: REMODELERS SUPPLY

SIGN BOND REQUIRED?  YES

COUNCIL ORDER REQUIRED  YES

LIC It: 85760

is special permission required from chief electrical letter of request

Renewal Date:

Projects Over: [n1 Private Property pYIPublicWav Grant Permit tf: 1098206

fj]Planned Development/Manufacturing PMD/PD#: Zoning District: M2

Other:

TYPE OF SIGN | | ADVERTISING  ILLUMINATE  MOVEABLE

BUSINESS | | FLASHING

TOTAL STREET FRONTAGE OF LOT (IN FEET) 364

TOTAL AREA OF NEW SIGN (SQ.FT.) 315

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 675

HEIGHT OF SIGN ABOVE GRADE (TO TOP) 31ft 8in

DISTANCE FROM CURB LINE OUTER EDGE (ft) 5 DISTANCE OF STRUCTURE INNER EDGE (ft) 1

DISTANCE FROM (ft) A PUBLIC PARK (OVER 10 ACRES) B EXPRESSWAY (IF LESS THAN 1,000 FT) C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY)

IF REPLACEMENT SIGN OK CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ\*7

Original Payee: ST<^/vff

Landmark Hold: | | Status:

ZONING (OFFICE USE ONLY)

TIME STAMP

SIGN CLERK

APPROVED FOR PERMIT

REMARKS

ES\_PERM\_APP\_WEB RD060211 AP # 100412767  
Page 2 of 2  
TYPE OF BUSINESS COMMERCIAL Other: SIGN BOND REQUIRED? [-J YES  
Name. REMODELERS SUPPLY COUNCIL ORDER REQUIRED  YES

HC #: 85760 is special permission required from chief electrical  request

Renewal Date:

Projects Over: [n] Private Property £7] Public Way Grant Permit #: 1098206

1 1 Planned Development/Manufacturing PMD/PLW: Zoning District: M2 Other TIME STAMj>

TYPE OF SIGN: | | ADVERTISING [x] ILLUMINATE  MOVEABLE jx] BUSINESS

TOTAL STREET FRONTAGE OF LOT (IN FEET) 364

TOTAL AREA OF NEW SIGN (SQ.FT.) ;? I ^

TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) 675

HEIGHT OF SIGN ABOVE GRADE (TO TOP) {-MxT

DISTANCE OF CURB LINE OUTER EDGE (ft) 5 DISTANCE OF STRUCTURE INNER EDGE (ft) 1 SIGN CLERK APPROVED FOR PERMIT

DISTANCE FROM (ft): A. PUBLIC PARK (OVER 10 AREMARKS  
THAN 1,000 FT.) C. RESIDENCE DISTRICT (ADVER1  
JF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ? Original Pa

Landmark Hold: I I Status:  
ZONING (OFFICE USE ONLY)

ES\_PERM\_APP\_WEB RD060211

**CITY OF CHICAGO DEPARTMENT OF ZONING AND  
LAND USE PLANNING**  
*SIGN SITE PLAN (ALL INFORMATION MUST BE  
COMPLETED AND LEGIBLE)*

**Site Address: 2500 N. Pulaski**

**Sign Company: KGD Enterprises, Inc (dba) CHICHGOfiGN Rep Name: John Doyle**

)\_  
**Phone( Zoning District: M2-2**  
**(Below: Building, streets and location of sign on lot'or structure) North**

Reface one section of sign, obtain permit for complete sign.

**NORTH**

SIGN USE:  
**Bus. ID (On-premise) KI Business Lice. #**  
85760  
Advertising (Off-premise)

- 
- 
- 

**PERMIT TYPE:**

**New Construction Change of Face - -Previous Permit #**

ES 3433146

**South**

**TYPE OF SIGN: Flat Wall Freestanding Awning Marquee**

**High Rise Building**

**Projecting Private**

**Projecting Public Way**

**Public Way Use -Permit #**

**1098206**

- 

**H<sup>3</sup> P<sup>o</sup> J x 2' 6"w.**

**SIGN CHARACTERISTICS:**

Non- Illuminated  Illuminated  Changing Image  Video Display  Flashing

**DISTANCE FROM: Curb Line: 5 ft**

Expressway, Toll Roads or Major Route

(n/a if over 1000 ft)

Park (over 10 acres)

Residential Zone

Existing Off-premise on same side of street:

Signature:

(Revised 4/10)

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# APPLICATION TO USE THE PUBLIC RIGHT OF WAY APPLICANT INFORMATION

*ORfAATION Jy ^ /*  
LEGAL NAME OF ENTITY: *S&tf£f7. Af/Off^IX\*\* Sn\*f=>/I4 . I£h<l.*

CITY  
PERMIT MAILING ADDRESS:  
ZIP CODE:

CONTACT PERSON: *LJffhv, S/( \*t~>» / »-i* TITLE: *SyC^obv/Ak.*

PHONE: *"773 2<i* FAX: *~r?2 Jlf* E-MAIL: *^J/trf '(fT)*

## USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the worksheet on page 3. Use only one application per

public way use type.

TYPE HOWMANV7 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. AU measurements must be indicated.

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

### APPLICANT CERTIFICATION

TITLE:

Part of the application, and f.

### ALDERMAN'S APPROVAL

As part of (his application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use of the public way is located.

ALDERMAN'S SIGNATURE ^ WARD

CHICAGO

1 PaV1153 City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit | 111 E. E. 111 Business Assistance Center | City Hall, Room 8001 121 North LaSalle Street | Chicago, Illinois 60602 | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)

### APPLICATION TO USE THE PUBLIC RIGHT OF WAY

### APPLICATION WORKSHEET

1 For use by NEW APPLICANTS ONLY.

3 For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-8249)

DIMENSIONS OF PUBLIC WAY USE WORKSHEET FOR SIGNS (INCLUDES MARQUEES! ONLY Complete the worksheet for use of the public way and indicate all applicable measurements.

Exact Street (i.e. S. State St)!	Quantity	Length of structure	Height of structure	Depth of structure	Height above grade	Total depth over public way	Is this sign(s) illuminated? (Y/N)	is this an Existing Public Way Use (Y/N)
/		a	1'6"	3'		y	y	
		if						

See example of required sign plan on page 4.

**NOTE: Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the Information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.**

CHICAGO  
City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit | Business Assistance  
Center | City Hall, Room 800 1121 North LaSalle Street | Chicago, Illinois 60602 <http://312.742.974> (TTY)  
312.74.G0BK (744.6249) | 312.742.974 <http://312.742.974> (TTY)

City of Chicago • BUNDLE APPLICATION PACKAGE • V.04.0S.10

## APPLICATION CHECKLIST (continued)

### Acceptance Letter

#### ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

«•

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance by City Council, pay the non-refundable applicable Grant of Privilege/Annual permit fee.
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve an Account Holders since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

I hereby agree to accept the terms and conditions relative to issuance of the permit  
I agree to renew the Certificate of insurance at least 10 days prior to expiration of the policy.  
I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the

3

ACCOUNT #:
LEGAL NAME OF ENTITY:
BUSINESS NAME (DBA): M.mr ~ J s..

BUSINESS LOCATION ADDRESS: ^g^ZjdT/t^ fWI\*\*(c, ACvAmV
crTY: Chicago
PERMIT TYPE
BUSINESS PHONE- ~77J

Department of Business Affairs and Consumer Protection • Business Assistance Center M Public Way Use Unit • City
Hall Room 800 - 121 North LaSalle Street, Chicago, Illinois 60602 • uiwmmism\* www.cityofchicago.org/bacp
<http://www.cityofchicago.org/bacp> • :312-74.GOBIZ (744.6249) • 312.742.1974 (TTY)
CRSU

DATE (MM/DD/YYYY) 9/19/2011

LOGASQU-01

CERTIFICATE OF LIABILITY INSURANCE

producer (708) 633-8100 PSI Insurance Agency,
Ltd. G. A. Crandall & Co., Inc. 6851 W. 167th Street Tinley Park, IL 60477-
1248

THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY INFORMATION
AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE
CERTIFICATE DOES NOT AMEND ALTER THE EXTEND OR
COVERED AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE NAIC#

insured Logan Square Aluminum Supply, inc. 2500 N. Pulaski Road
Chicago, IL 60639 i

insurer a. Wausau Underwriters Ins. Co.

insurer b: Safeco Insurance Company

19690

INSURER C:

INSURER Or:

INSURER E

CANCELLATION

COVERAGES
THE POLICIES OF INSURANCE LISTED
BELOW HAVE BEEN ISSUED TO THE
INSURED NAMED ABOVE FOR THE
POLICY PERIOD INDICATED.
NOTWITHSTANDING ANY
REQUIREMENT. TERM OR CONDITION
OF ANY CONTRACT OR OTHER
DOCUMENT WITH RESPECT TO WHICH
THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE
AFFORDED BY THE POLICIES
DESCRIBED HEREIN IS SUBJECT TO
ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES.
AGGREGATE LIMITS SHOWN MAY HAVE
BEEN REDUCED BY PAID CLAIMS.

Table with columns: MSR, ADD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS, and COVERAGE DESCRIPTION. Includes entries for General Liability and Commercial General Liability.

| CLAIMS MADE ] X | OCCUR

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 EMPLOYEE

E.L. DISEASE - , 500,000  
 POLICY LIMIT

OTHER

DESCRIPTION OF OPERATIONS / LOCATIONS /  
VEHICLES 1 EXCLUSIONS ADDED BY  
ENDORSEMENT/ SPECIAL PROVISIONS City of  
Chicago, its agents and employees are  
listed as additional insured in regards to  
sign and awning at 2500 North Pulaski  
Road, Chicago, IL -Account #85670-14

CERTIFICATE HOLDER

City of Chicago, Department of Business Affairs & Consumer Protection  
Business Assistant Center Public Way Use -121 N. LaSalle St Room 800  
Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS  
WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO  
SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS  
AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

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and logo are registered marks of ACORD

LOGASQU-01

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2009/01)

City of Chicago Richard M. Daley Mayor  
Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602

**Business Information Sheet**

DBA Name

*Account # 70-7f*  
<\*w;^ (bail.

Location: feTCrQ

1. Do you or have you ever had an account with the Department of Business Affairs and Licensing? Yes J~J No

2. Please indicate your business type:

- Sole Proprietor Corporation profit or Not-For-Profit
- Partnership
  - Limited Partnership
  - Limited Liability Company (LLC)
  - Not-For-Profit Club (Corporation)
  - Individual (do not own/operate a business)
  - Trust

3. What date did your business open? (If you must answer question 4a previously)

4a. What is the legal name of your Company (Partnership), (Corporation)?

4b. If you are a Sole Proprietor or Individual, what is your legal name?

First

5. What is your FEIN?

7. In what state did you incorporate? (If Corporation or LLC)

6. What is your IBT Number?

8. What is your business name or Doing Business As (DBA)?

9. What is your File number with the State of Illinois?  
(Individual, Non-Profit, Club, LLC or Unfiled Partnership)

10. What is your business name or Doing Business As (DBA)?

11. What is your State of Illinois Exemption Number, if applicable? .

12. What is the expiration date for your use of Illinois exemption number, if applicable? ,

1

**Department of Business Affairs and Consumer Protection Public  
Way Use Unit 121 N. LaSalle Street, Room 805**

City of Chicago  
Richard M. Daley Mayor

Chicago, IL 60602

13. Describe your business activity. Please mention all products or services offered by your business.

14. Who is the primary contact person for this business?

- **Ess** ~~X/(\*\*rf&r<rr?~~

15. What is the primary contact person's telephone number? (Area Code)

16. What is the primary contact person's address?

Street Number      Dk      3rd Floor      Suite/Apt\*      Floor Number

**/Xi>y : -e.**

17. What is the phone number for this site? (Area Code)      18. What is the FAX number for this site?      19. What is the e-mail address for this site? ,

20. What is your property identification number for the location where your business transactions or public way use occur?

**0X7 033 S3\*)**

21. Please mark the following box with an X if this property is held in trust. If not in trust, please continue with Question 22.  
(B individual, please indicate the name of the trust.)

22. If trust, what is the name of the trust beneficiary?  
enJUu

Department of Business Affairs and Consumer Protection Public Way  
Use Unit 121 N. LaSalle Street, Room 805  
Chicago, IL 60602

City of Chicago  
Richard M. Daley Mayor

23. Please mark the following box with an "X" if this business is an existing business that you purchased.

### Ownership Information

Section I-Owner Details

first

Matt

u5

President

- Secretary
- VP
- Principal Of freer
- Treasurer
- Share Holder
- Partner
- General Partner
- Limited Partner
- Member
- Managing Member
- Beneficiary
- Spouse
- Not Applicable

Birth Date

/ .  Other

\*7 :./f\*\*>7- S<sup>u</sup>\*81 Security Number 3&f £b 273& Ptmwnage of Ownership 3^

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Title (check one):

- President Secretary VP
- Principal Officer Treasurer Share Holder Partner
- General Partner Limited Partner Member
- Managing Member
- Beneficiary
- Spouse
- Not AppftcabUi
- Other

Birth Date

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State

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**City of Chicago Richard M. Daley Mayor**

Phone Number 773-604-3100 FAX Number 773-604-3100  
**Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602**

E-mail

**Section 11 - Legal Entity Owner**

What is the legal name of your Corporation, Partnership, Limited Partnership or Limited Liability Company?

What is your Legal Entity Type?

- Corporation
- Partnership
- Limited Partnership
- Limited Liability Company

What is your File Number with the State of Illinois?  
(for Corporation, Not-For-Profit Club, LLC or Limited Liability Company)

What is your FEIN Number?

What is your IBT Number?

In what state did you Incorporate?  
(for Corporation or LLC)

What date did you Incorporate?  
(for Corporation or LLC)

Percentage of Ownership

4