

Department of Business Affairs and Consumer Protection
Business Assistance Center - Public Way Use Unit City Hall - 121 N. LaSalle Street, Room 800 • Chicago, IL 60602 (312)-74-GOBIZ (312-744-6249) • (312) 744-1944 (TTY) <<http://www.cityofchicago.org/bacp>>

04/13/2011

Alderman Pat Dowell Ward # 03 City of Chicago City Hall, Room 300 121 North LaSalle Street Chicago, Illinois 60602
Re: An ordinance to use and maintain a portion of the public right-of-way for one (1) sign(s) for SOGGY PAWS, adjacent to the premises known as 1925 S. Archer Ave..

Dear Alderman Pat Dowell:

The applicant referenced above has requested the use of the public right-of-way for a sign(s). An ordinance has been prepared by the Department of Business Affairs and Consumer Protection - Business Assistance Center - Public Way Use Unit for presentation to the City Council. Because this request was made for properties located in your ward, as approved by you as per the attached, I respectfully request that you introduce the attached ordinance at the next City Council meeting.

If you have any questions regarding this ordinance, please contact John Mariane, Manager, Business Assistance Center - Public Way Use Unit, at (312) 744-2063.

Very truly yours,

Norma I. Reyes Commissioner
Department of Business Affairs and Consumer Protection
NIR/sl

APPLICATION TO USE THE PUBLIC RIGHT OF WAY APPLICANT INFORMATION

LEGAL NAME OF ENTITY: So<^°vij &hatS. .T^_-
PERMIT MAILING ADDRESS: |<|?J^kr KeuvK lrc^r AvJ& CITY: nwWo 'STATE: 'ZIPCODE: f«Qfe/fr
CONTACT PERSON: Kauivv IZ/e-^fjiSbTITLE: Oi^M&^PHONE: -)-rV 311^lt-<i1 FAX. _;_ E-MAIL: fcmf^ fc^y^ pCtU&.

BUILDING OWNER INFORMATION

NAME: %cItx%jL±l-e-<' ^jvjUrtgAJUmr- LLC_1 ' ■ _
ADDRESS: ^oO-7L Artt^r Av*
CITY: fk.^r» STATE: -TJ./L- ZIPCODE: f*€*.Uo
PHONE: ^ft-?M^c) FAX: %17^Z,JJ1-2?2~1| E-MAIL: £,L.Lu<l @ rlyMfrop

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 _

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 thjfb^s^ofyimy knowledge and belief.

TITLE:
F.E.I.N. or SOCIAL SECURITY NUMBER: U) - Oq 1 / °p |

ALDERAAN'S APPROVAL

As part of this application process, you are required to notify/obtain approval from the Alderman in whose ward your proposed use of the public way is located. 1

ALDERMAN'S SIGNATURE: TUJ- iVwPQj^ ' '

DATE: nfaoffY WARD: ~5H

CHICAGO

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