



LEGAL NAME OF ENTITY: ^QUli .'hOf/VS figfeu>railfft , 1 QC-  
PERMIT MAILING ADDRESS: ^Z^rr^ <T.\-qAe ( J fJL •  
CITY: ) CacOODcl ' STATE: rOb ZIP CODE: (J&loio  
CONTACT PERSON: Kl>r4- T^y^^^nO TITLE: \_  
PHONE: 1 - 2<S<3> FAX:(Q ffi 0(O\ - lk 5' 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 per public way use type.

TYPE\_ HOW MANY? BUILDING ADDRESS \_  
r3IQAd Sign ' fj\OI J=- CJMe\*<p\_ \\_

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.

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:

TITLE: ffo lfiSf CjXXdjCttfol

F.E.I.N. or SOCIAL SECURITY NUMBER:

## ALDERMAN'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.

ALDERMAN'S SIGNATURE.

WARD

DATE.

CHICAGO

City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit | Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602 | www.cityofchicago.org/bacp | 312.74.GOV (744.6249) | 312.742.1974 (TTY)