

ZIP CODE: 60611) CONTACT PERSON: Susan Dominic TITLE:
RENEWAL

PHONE: (312)733-2251

I I Check box. for change of/mailling address. Provide informatioQ below

New Mailing Address: ____

Phone:

Contact:

Note: Any changes to ownership requires a ni>w application,

If no changes, complete applicant crttflicatfou, obtain Alderman's signature, include photo(s) and sketch as

duNcribetl birluw. Return tu:

City of Chicago

Department <>■ Business Affairs and Omis inner Protection .Business Assistance Center ■ Public Wny Use Unit City Hall ■

12! N. LaSalle Street, Room 800 Chicago, TL 60602 (312)-74-GOJMX (312-744-6249)

USE OF THE PUBLIC WAY

.Sign.

How Many? Building Address

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ALDERMAN'S SIGNATURE:

WARD

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