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BUSINESS NAME I

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PERMIT MAILING ADDRESS: ffi<50 \i ■ Ut/Vjil£p.rfi7 /TV£~

CITY:

STATE:

CONTACT PERSON:

ZIP CODE:

bob 11

TITLE:

PHONE:312--3"5><]J^0 MOBILEn1.^.-35D ' iM3 E-MAIL: P.K I/ fffjA LC[\ \VtI TfM\ . i

BUSINESS LICENSE INFORMATION

ACCOUNT #:

SITE*

CURRENT RETAIL FOOD LICENSE #: UTLD

Note: Please review the above section to ensure the accuracy of your contact information. Any omissions/inaccuracies will delay the processing of your application.

All Sidewalk Cafe applicants are required to obtain the signature of the Alderman in whose ward the proposed use of the public way is located, submit photograph(s) of the proposed cafe location, and a plan of the proposed Cafe with its associated dimensions, clearance measurements, boundaries and landscaping, street location, seating capacity, accessibility to patrons with disabilities and its relationship to the surrounding public way.

Failure to submit all the requirements will delay processing your application. No faxes will be accepted. Please return this application and all the associated documents by mail or in person to:

City of Chicago

Department of Business Affairs and Consumer Protection

Business Assistance Center - Public Way Use Unit, City Hall, Room 800

121 North LaSalle Street, Chicago, Illinois 60602

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:

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DATE:

WARD: \ \

STBTNjp^ .iTRJ. Department of Business Affairs and Consumer Protection • Business Assistance Center |Slil&lj&S Public Way Use Unit • City Hall, Room 800 • 121 North LaSalle Street, Chicago, Illinois 60602 wximtSluaim www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> • 312.74.GOBIZ (744.6249) ■ 312.742.1974 (TTY)

Page 6. of 24