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STATE: -Fl t-

CONTACT PERSON: ^ljbphbL B^Sl<<^C|

ZIP CODE: C&O&Oy TITLE: €>pz>. MSn^tJ^

phone: 3IX-X15~D&XD fax: £q-X7J?~' 3 7ff9 E-MAIL. be.\$l(£Jj& M^tD/ieznd-i.i f& -C^i

## 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

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:

F.E.I.N. on SOCIAL CCCUPJTY NUI>

TITLE:

## 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.

H t C A G O

City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit  
Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602  
www.cityofchicago.org/bacp <http://www.cityofchicago.org/bacp> | 312.74.6249 (744.6249) | 312.742.1974 (TTY)

Business  
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