



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: O2011-4497
Type: Ordinance
Status: Passed
File created: 6/8/2011
In control: City Council
Final action: 7/6/2011
Title: Exemption from physical barrier requirement for commercial driveway alley access for Express Tire Repair/Ubaldo Santos
Sponsors: Thompson, JoAnn
Indexes: Ingress/Egress
Attachments: 1. O2011-4497.pdf

Date	Ver.	Action By	Action	Result
7/6/2011	1	City Council	Passed	Pass
6/30/2011	1	Committee on Transportation and Public Way	Recommended to Pass	Pass
6/8/2011	1	City Council	Referred	

BE IT ORDAINED BY THE CITY COUNCIL OF CHICAGO:

SECTION 1. Pursuant to Section 10-20-430 of the Municipal Code of Chicago, the Commissioner of Transportation is hereby authorized and directed to exempt Express Tire Repair / Ubaldo Santos of 5826 South Western Avenue from the provisions requiring barriers as a prerequisite to prohibit alley ingress and egress to parking facilities for premise address.

SECTION 2. This ordinance shall take effect and be in force from and after its passage and publication.

Alderman, 16th Ward

25-11;12:34PM;

7734343889

4/ 1'

City of Chicago

Business License Information Entity Information_

Account Number (DEPT USE ONLY)

.Type Of BllSIneSS QjJlsalB Propratorship Q Corpofatlon Q LLC Non-for-Profit Q Partnership|] Other:

LecaiNameo, Busing

IIISE@@@Di0BaE@DDDDDDDDDDDD0D

For Sole Proprietors, this is the name of the business owner, For all others, prim the exact legal nama of the corporation, LLC, Partnership, ate- ■

"Doing Business As" Name @0@S[Hi]DHSEI[ein[IIII@[«I[D@nDDDnnn

The exact "Doing Business As" name of the establishment applying for a license (usually the name on the sign over the business

QLIirjDZ^@3C)?X^Z)C? I^UJI^A^A^ laaailaalfiaaipall laBllaM'. ^1^;-Xi Hr.'. «fili-]'' Sthf (ZT.OJ. 5f, ^Av^ Cr?V]. v

Business Activity and Location

Business Activity ►

List your business's activities, including el products or services you offer.

tjf*t ^ Tlr^ ce.W ago ami v£c<L 4\r-&s, Elaine ^eP^.'^Ao,

Business Site Address

Provide the address where business transactions and/or activities occur. If the business operates from an extended address, please provide the full City extended address.

0000 B ffISHSBSOODDOO 000

St Number NSEW Street Name Ave, St, etc.

aState Zip Code ☐E,B@@@ 0DOD ☐☐☐☐☐☐☐☐

Sq. Footage used by business # of Employees at this site Suite/Apt. Number Floors Occupied

Primary Contact Person mMiMSIIIIJD ☐☐☐☐☐☐☐☐

First Name Middle

@00@@@D0ODDDDDnnDDonnnn ☐☐

Last Name Jr./Sr

Contact, Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

FLIP OVER AND COMPLETE BACK

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Owner and Officer Information

Sole Proprietors are required to provide Information about the Sole Proprietor that owns the business

Corporations are required to provide Information about their President, Secretary, and any other shareholders with a major beneficial interest Non-for-Profit Corporations are required to provide Information about their President and Secretary

Limited Liability Corporations are required to provide information about Managing Members, and any other shareholders with a major beneficial interest Partnerships & Limited Partnerships are required to provide Information about all Partners with a major beneficial interest

Ownership % /OO

First Name

Current Residential Address Suite/Apt

Home Phone Social Security #

ownership %

First Name

Current Residential Address

Home Phone ()

ownership %

First Name

1 Middle Name 'ST

Current Residential Address

Home Phone ()

Ownership %

First Name

Current Residential Address

Home Phone ()

Ownership %

First Name

Current Residential Address

Home Phone ()

PLEASE DO NOT SEND ANY PAYMENTS WITH THIS PRC-APPLICATION

City of Chicago • Department of Business Affairs and Consumer Protection: Business Assistance Center

City Hall, Room 800 • 181 N. LaSalle Street. Chicago, IL 60602 • (312) 74-GOBIZ (744-62*8) •

www.cityofchicago.org/bu81neesarlar512/2670B <http://www.cityofchicago.org/bu81neesarlar512/2670B>

Title JS Sole Proprietor ☐ President ☐ Manager

Middle Name

Last Name

City

Date of Birth:

Email

Title ☐ Secretary ☐ Managing Member ☐ Other

Middle Name

Last Name

Suite/Apt.CSZip code

Social Security Date of Birth: / / Email Address

Title ☐ Member ☐ Other:

Pre

Last Name

Suite/Apt.CSZip code

Social Security Date of Birth: / / Email Address

Title ☐ Member ☐ Other:

Tre:

Middle Name

Last Name

Suite/Apt.CSZip code

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Title ☐ Member ☐ Other:

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Middle Name

Last Name

Suite/Apt.CSZip code

Social Security Date of Birth: / / Email Address