



# Office of the City Clerk

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

## Legislation Text

File #: O2011-4497, Version: 1

### 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 Business: Sole Proprietorship Q Corporation 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, print the exact legal name of the corporation, LLC, Partnership, etc.

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

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

Business Activity and Location

### Business Activity and Location

#### Business Activity ►

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

tjft ^ Tlrg^ ce.W ago ami vEc<L 4\r-&s, Elaine ^eP^.'^Ao,

#### Business Site Address

Provide the address where business Street Number 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 Parson 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 I

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.cltvofehlcaQ0.oro/bu8lneesarlarl5l2/2670B <http://www.cltvofehlcaQ0.oro/bu8lneesarlarl5l2/2670B>

Title JS Sole Proprietor ☐ President ☐ Managing

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:

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Last Name

Suite/Apt.CSZip code

Social Security Date of Birth: / / Email Address

Title ☐ Member ☐ Other:

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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