



Office of the Chicago City  
Clerk



Or2011-1046

Office of the City Clerk

City Council Document Tracking Sheet

<b>Meeting Date:</b>	11/2/2011
<b>Sponsor(s):</b>	Suarez, Regner Ray (31)
<b>Type:</b>	Order
<b>Title:</b>	Issuance of permits for sign(s)/signboard(s) at 2622 N Pulaski Rd
<b>Committee(s) Assignment:</b>	Committee on Zoning, Landmarks and Building Standards

City Council  
Meeting Date: 11-02-11  
Committee on Buildings

(signs)

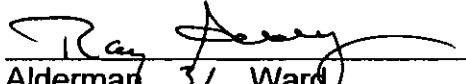
ORDERED, That the Commissioner of Buildings is hereby directed to issue a sign permit to: KGD Enterprises, Inc, (dba) Chicago Sign, 26w535 Saint Charles Road, Carol Stream, IL 60188 for the erection of a sign / signboard over 24 feet in height and / or over 100 square feet (in area of one face) at: Logan Square Aluminum Supply, Inc (dba) ClimateGuard, 2622 N Pulaski Road

Dimensions: Length 13 ft 9 in Height 10 ft 3 in

Height above grade / roof to top of sign 19 ft 3 in

TOTAL SQUARE FOOT AREA 141 sq ft

Such sign(s) shall comply with all applicable provisions of TITLE 17 of the Chicago Zoning Ordinance and all other applicable provisions of the Municipal Code of the City of Chicago governing the construction and maintenance of outdoor signs, signboards and structures.

  
Alderman, 31 Ward



CITY OF CHICAGO

# DEPARTMENT OF BUILDINGS

## Sign Permit Application

APPROVAL NUMBER	APPLICATION NUMBER 100412766	ANNUAL FEE	WORK CODE	DRAWINGS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF APPLICATION 09/29/2011	
ADDRESS OF SIGN 2622 N PULASKI RD, 60639-	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT NEW CONSTRUCTION (SIGN)	
PAYER OF ANNUAL INSPECTION SUPPLY, LOGAN SQUARE ALUMINUM 2500 N. PULASKI ROAD CHICAGO, IL 60639 (773)235-2500	
SIGN MANUFACTURER KGD	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER 0	REINSPECTION CONTROL NUMBER
TYPE OF SUPPORT FOR SIGN GROUND STRUCTURE	
SIGN BOARD SUPPORT MEMBERS STEEL	
ANNUAL FEE	_____
CONSTRUCTION FEE	200.00
1017 B FEE	_____
TOTAL FEE	200.00
AMOUNT PAID	200.00
BALANCE DUE	_____

TYPE OF SIGN FLAT OR BOX					
LENGTH	FT. 13	IN 9	HEIGHT	FT. 10	IN 3
AREA	SQ FT 141	WEIGHT		LBS 950	
SIGN HEIGHT ABOVE GRADE/ROOF					FT. 9
SHAPE OF SIGN REGULAR					
SIGN WILL READ CLIMATEGUARD					
NO OF LAMPS 2,420			TOTAL WATTAGE 4000		
TYPE OF LAMP OTHER					
NO OF BALLAST/TRANSFORMERS 2			INPUT OF TRANSFORMERS 120V		
CONTRACTOR WILL INSTALL			<input checked="" type="checkbox"/> FEEDERS <input checked="" type="checkbox"/> CUSTOMER LEADS		
TYPE OF SWITCH SPECIAL					
LOCATION OF SWITCH LISTED FLUSH TOGGLE					
SIGN LOCATION PROJECTING PYLON SIGN 140 SQ FT AT 19 FT ELEVATION, EAST FRONTAGE, INCLUDING 70 SQ FT CHANGING IMAGE SECTION TO REPLACE EXISTING 188 SQ FT PYLON SIGN					

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Chicago Municipal Code

REG NO	E92687
ELECT CONTR KGD ENTERPRISES, INC.	ELECTR
ADDRESS 204 N GARY AVE WHEATON, IL 60187	
SUPERVISOR SIGNATURE 	

BOND NO.	0482722	REG NO	N93120
SIGN ERECTOR KGD ENTERPRISES			SIGNER
ADDRESS 204 N GARY WHEATON IL, 60187			
SIGNATURE 			

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits

City of Chicago  
Rahm Emanuel, Mayor



Department of Buildings  
Michael Merchant, Commissioner

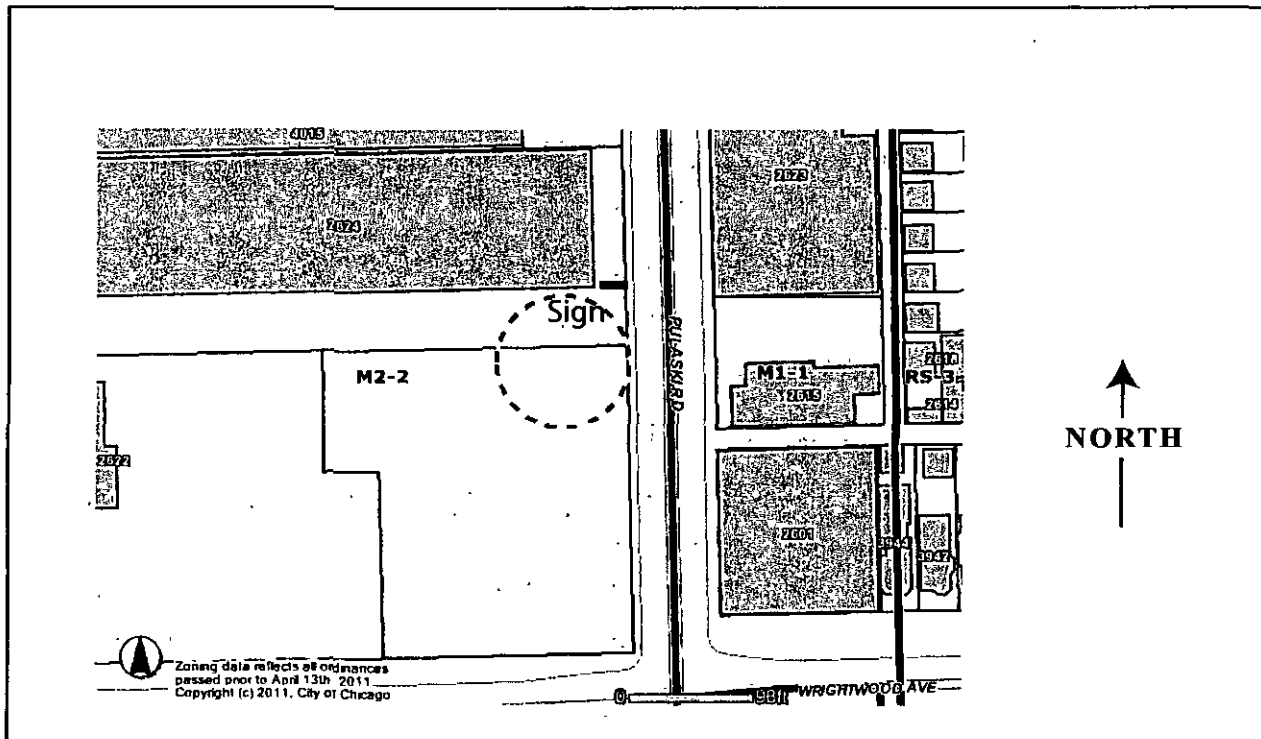
TYPE OF BUSINESS <u>COMMERCIAL</u> Other <u>WINDOW RETAIL</u> Name <u>CLIMATEGUARD</u> LIC #: <u>85760</u> Renewal Date: _____	SIGN BOND REQUIRED? <input type="checkbox"/> YES COUNCIL ORDER REQUIRED <input checked="" type="checkbox"/> YES IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL <input type="checkbox"/> YES IF YES, ATTACH LETTER OF REQUEST
Projects Over: <input checked="" type="checkbox"/> Private Property <input checked="" type="checkbox"/> Public Way Grant Permit #: <u>1098205</u> <input type="checkbox"/> Planned Development/Manufacturing PMD/PD#: _____ Zoning District: <u>M2</u> Other: _____	TIME STAMP
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input checked="" type="checkbox"/> ILLUMINATE <input type="checkbox"/> MOVEABLE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	
TOTAL STREET FRONTAGE OF LOT (IN FEET) <u>382</u> TOTAL AREA OF NEW SIGN (SQ.FT) <u>141</u> TOTAL AREA OF ALL SIGNS ON LOT (SQ.FT.) <u>471</u> HEIGHT OF SIGN ABOVE GRADE (TO TOP) <u>19ft 3in</u>	
DISTANCE OF CURB LINE OUTER EDGE (ft) <u>3</u> DISTANCE OF STRUCTURE INNER EDGE (ft) <u>1</u>	SIGN CLERK _____ APPROVED FOR PERMIT _____
DISTANCE FROM (ft). A PUBLIC PARK (OVER 10 ACRES) _____ B EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____ IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES THE EXISTING SIGN READ?  Original Payee: _____  Landmark Hold: <input type="checkbox"/> Status: _____	REMARKS
ZONING (OFFICE USE ONLY)	

**ZONING SIGN PERMIT APPLICATION  
DEPARTMENT OF ZONING  
CITY OF CHICAGO  
OFFICE OF THE ZONING ADMINISTRATOR**

Application For KGD Enterprises, Inc (dba) **CHICAGO SIGN** John Doyle  
(Name of Sign Company)

Location - Street Address: 2622 N. Pulaski (ClimateGuard)

Zoning District: M2-2



1. Type of Sign (check one for each section)
  - a.)  Signboard,  Flat,  Projecting, or  Awning
  - b.)  Business ID. or  Advertising
2.  Non-illuminated,  Illuminated,  Flashing, and/or  Moving
3. Height above curb level 19 ft, 3 in. to top of sign
4. Gross Area of sign 141 sq. ft. (including 70 sq ft changing image sign panel)
5. Total area of all signs on the lot 471 sq. ft.
6. Project over public way;  yes or no If yes 3 ft, 10 in.  
Distance from curb line 30 in.
7. Distance from expressway or major route (within 1000 ft.) dna ft.  
Is sign visible from expressway or major routes: yes or  no (circle one)
8. Distance from park (over 10 Acres) dna ft.
9. Distance from residential zone dna ft.

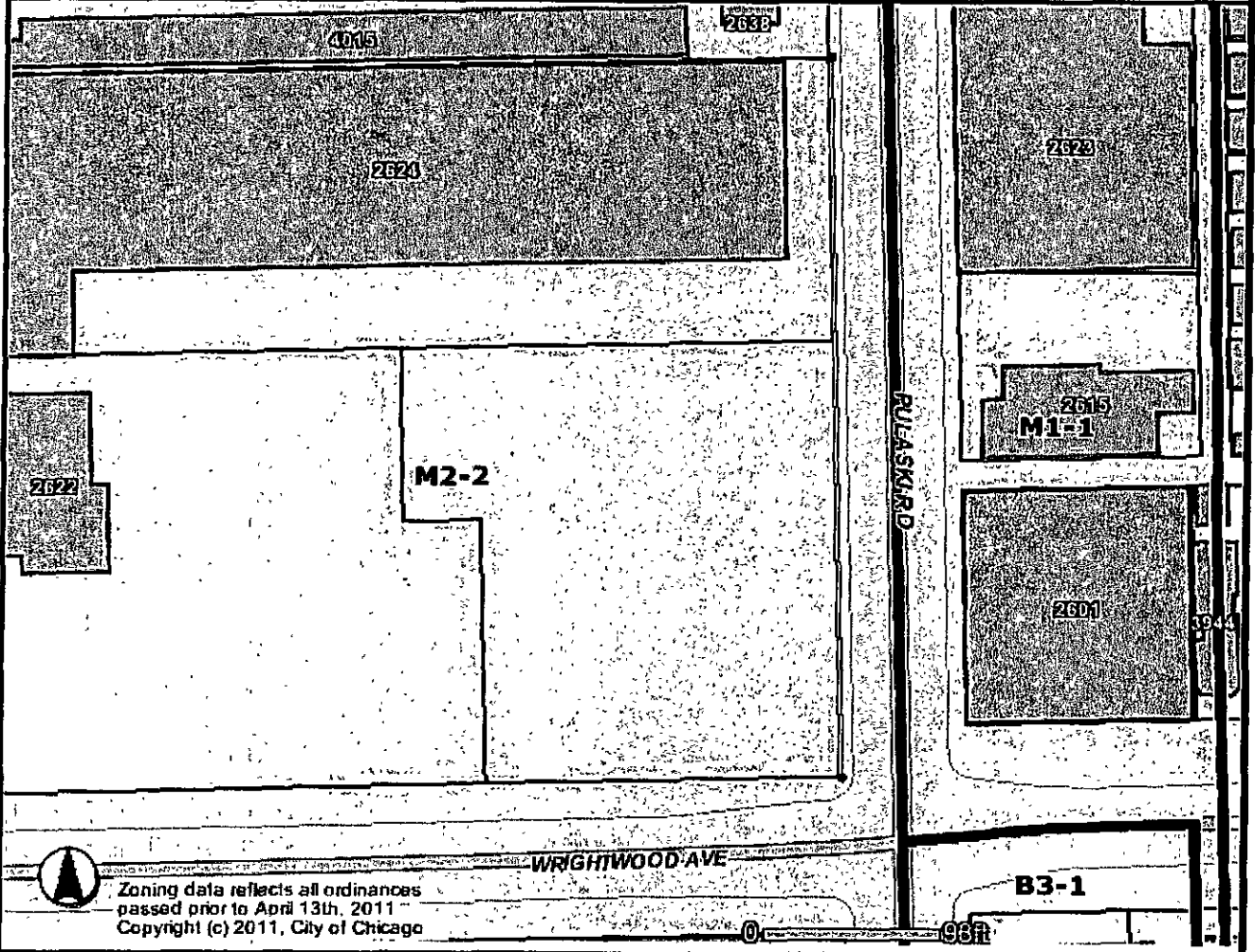
**ALL OF THE ABOVE QUESTIONS MUST BE ANSWERED FULLY**

SIGNATURE *John Doyle*

NOTE: IN B6-6 and B6-7 Districts, exact sign copy must be indicated  
For roof signs, indicate height above grade \_\_\_\_\_ ft.

# 2622 Pulaski Zoning

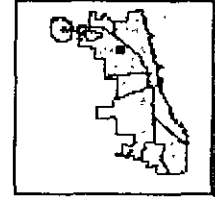
Created on: 9/14/2011 7:58 P.M.



Zoning data reflects all ordinances passed prior to April 13th, 2011  
Copyright (c) 2011, City of Chicago

382.99 Feet

- |                       |  |                    |
|-----------------------|--|--------------------|
| <b>Zoning</b>         | <b>Historic Preservation</b>   | <b>Other</b>       |
| Business              | <b>CHICAGO LANDMARKS</b>   | Lakefront          |
| Commercial            | Chicago Landmarks  | Pedestrian Streets |
| Manufacturing         | Landmark Districts   | Buildings          |
| Residential           | <b>Chicago Historic Resources Survey - Buildings subject to Demolition-Delay Ordinance</b> | Parcels            |
| Planned Development   | Red  | Streets            |
| Planned Manufacturing | Orange   | Curbs              |
| Downtown Core         | Water  | Forest Preserve    |
| Downtown Service      | Cemetery   | City Boundary      |
| Downtown Mixed        | Municipalities   |                    |
| Downtown Residential  |  |                    |
| Transportation        |  |                    |
| Parks & Open Space    |  |                    |
| Zoning Boundaries     |  |                    |



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# APPLICATION TO USE THE PUBLIC RIGHT OF WAY



## APPLICANT INFORMATION

LEGAL NAME OF ENTITY: Logan Square Aluminum Supply, Inc.  
 PERMIT MAILING ADDRESS: 2505 W. Pulaski Road  
 CITY: Chicago STATE: IL ZIP CODE: 60639  
 CONTACT PERSON: John Mannion TITLE: Executive GM  
 PHONE: 773 297 3803 FAX: 773 235 3412 E-MAIL: jmannion@shopstudio41.com

## USE OF THE PUBLIC WAY

- 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
<u>Signs</u>	<u>1</u>	<u>2622 N. Pulaski Rd. (replace existing)</u>
<u>Note: LED brightness will be lowered to 1250 nits between 10PM - 6AM daily.</u>		

- 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: John Mannion TITLE: Exec GM  
 F.E.M. or SOCIAL SECURITY NUMBER: [REDACTED]

## 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	WARD	DATE
<u>X Key [Signature]</u>	<u>31st</u>	<u>8/31/11</u>



# APPLICATION TO USE THE PUBLIC RIGHT OF WAY



## APPLICATION WORKSHEET

- 3 For use by NEW APPLICANTS ONLY.
- 4 For renewals obtain form from City Hall, 121 N. LaSalle St., Rm. 800 or call (312) 74 - GOBIZ (744-6249)

### DIMENSIONS OF PUBLIC WAY USE WORKSHEET FOR SIGNS (INCLUDES MARQUEES) ONLY

Complete the worksheet for use of the public way and indicate all applicable measurements.

Exact Street (i.e. S. State St.)	Quantity	Length of sign structure	Height of sign structure	Depth of sign structure	Height above grade	Total depth over public way	Is this sign(s) illuminated? (Y/N)	Is this an Existing Public Way Use (Y/N)
N. Pulaski St	1	13'9"	19'3"	<del>26"</del>	9'	<del>26"</del>	Y	Y
				26"		46"		

See example of required sign plan on page 4.

**NOTE:** Pursuant to section 2-154-030 of the Municipal Code of the City of Chicago the Corporation Counsel of the City of Chicago may require any such additional information from any applicant to achieve full disclosure relevant to the request for action by the City Council or other city agency. Pursuant to section 2-154-020 of the Municipal code of the City of Chicago any material change in the information required above must be provided by supplementing this statement at any time up to the time the City Council or any city agency takes action on the application.



City of Chicago | Department of Business Affairs and Consumer Protection | Public Way Use Unit  
 Business Assistance Center | City Hall, Room 800 | 121 North LaSalle Street | Chicago, Illinois 60602  
[www.cityofchicago.org/bacp](http://www.cityofchicago.org/bacp) | 312.74.GOBIZ (744.6249) | 312.742.1974 (TTY)





# APPLICATION CHECKLIST (continued)

Acceptance Letter

## ACCEPTANCE OF GRANT OF PRIVILEGE PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the permit, and by signing below, I acknowledge the receipt of a copy of the Municipal Code of Chicago's 10-28 and 13-20 regulations, as well as all the additional requirements promulgated herein:

I understand it shall be my duty as the permit holder, and as a condition of the permit, to:

1. Comply with all the requirements defined within Chicago's Municipal Code, the Rules and Regulations, as well as the requirements promulgated herein;
2. Upon the passage of the permit ordinance at City Council, pay the non-refundable applicable Grant of Privilege annual permit fee.
3. Upon the submission of the permit application the applicant shall furnish the certificate of insurance; and,
4. Resolve all Account Holds since failure to do so will prevent the processing of this permit application;
5. Install or maintain the grant of privilege after the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;

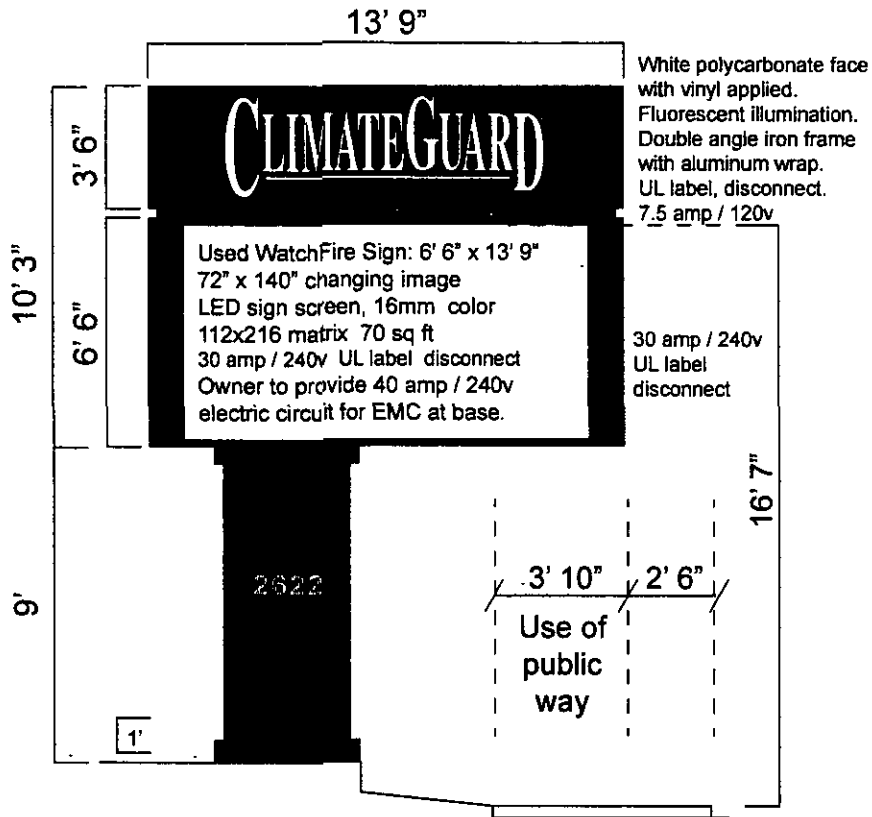
I hereby agree to accept the terms and conditions relative to issuance of the permit.  
 I agree to renew the Certificate of Insurance at least 10 days prior to expiration of the policy.  
 I understand that if the item or items are not constructed/maintained the permit fees will not be refunded.

I understand that failure to adhere to all conditions imposed in the permit may result in revocation of the permit.

SIGNATURE: <u>John Mannon</u>	DATE: <u>9/30/11</u>
PRINT NAME: <u>John Mannon</u>	TITLE: <u>Executive GM</u>

ACCOUNT #: <u>85670-14</u>	SITE #
LEGAL NAME OF ENTITY: <u>Logan Square Aluminum Supply, Inc.</u>	
BUSINESS NAME (DBA): <u>Logan Square Aluminum Products</u>	
BUSINESS LOCATION ADDRESS: <u>2622 N. Pulaski Rd.</u>	
CITY: <u>Chicago</u>	STATE: <u>Illinois</u>
BUSINESS PHONE: <u>773-278-3600</u>	ZIP CODE: <u>60639</u>
E-MAIL: <u>j.mannon@supsted.com</u>	PERMIT TYPE: <u>Sign</u>

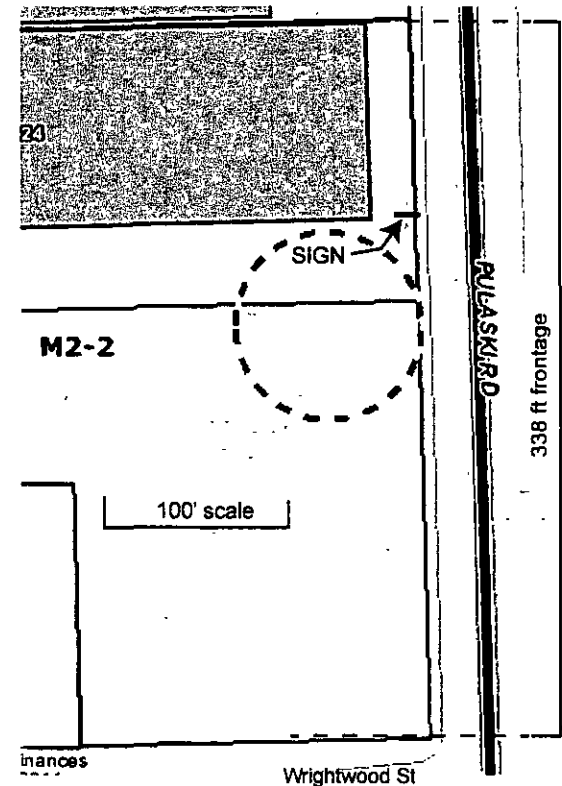
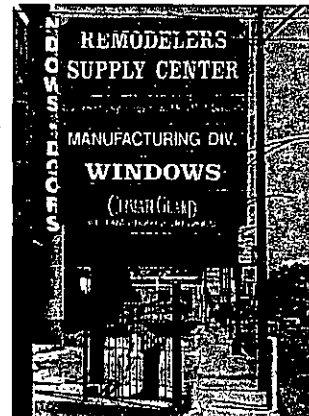
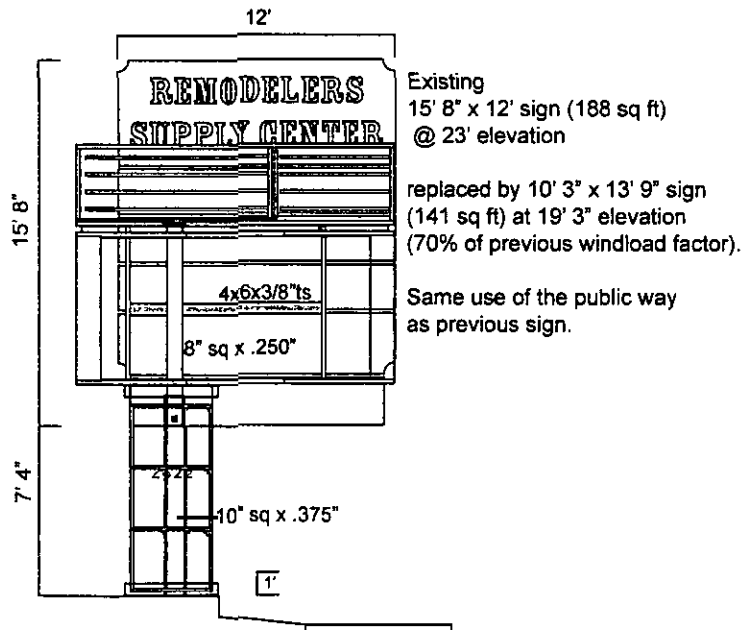




KGD Enterprises, Inc  
**CHICAGO SIGN**®

091511  
 ClimateGuard  
 2622 N. Pulaski Road  
 Chicago, IL 60639

Replace existing 188 sq ft sign with 141 sq ft sign (including 70 sq ft changing image panel).



Partial Site Plan



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/19/2011

**PRODUCER** (708) 633-8100  
**PSI Insurance Agency, Ltd.**  
**G. A. Crandall & Co., Inc.**  
 6851 W. 167th Street  
 Tinley Park, IL 60477-1248

**INSURED** **Logan Square Aluminum Supply, Inc.**  
 2500 N. Pulaski Road  
 Chicago, IL 60639

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Wausau Underwriters Ins. Co.</b>	
INSURER B: <b>Safeco Insurance Company</b>	19690
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER. <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	TBJZ91444626041	7/1/2011	7/1/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	24CC24440240	7/1/2011	7/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	THCZ91444626040	7/1/2011	7/1/2012	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input checked="" type="checkbox"/> N	02WC57572020	7/1/2011	7/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 City of Chicago, its agents and employees are listed as additional insured in regards to sign and awning at 2622 N. Pulaski Road, Chicago, IL - Account #85670-14

**CERTIFICATE HOLDER**

City of Chicago, Department of Business Affairs & Consumer Protection Business Assistant Center  
 Public Way Use -121 N. LaSalle St. Room 800  
 Chicago, IL 60602

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

*This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.*



City of Chicago  
Richard M. Daley  
Mayor

Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602

**Business Information Sheet**

Account: 85670-14  
DBA Name: Climate Guard  
Location: 7622 N. Pulaski Rd

1. Do you or have you ever had an account with the Department of Business Affairs and Licensing?  Yes  No

2. Please indicate your business type:

- Sole Proprietor
- Corporation (Profit or Not-For-Profit)
- Partnership
- Limited Partnership
- Limited Liability Company (LLC)
- Not-For-Profit Club (Corporation)
- Individual (if you do not own/operate a business)
- Trust

3. What date did your business open? 05 - 16 - 1979

You must answer question 4a or question 4b

4a. What is the legal name of your Corporation, Partnership, Limited Partnership, Limited Liability Company, or Not-For-Profit Club (Corporation)?  
Logan Square Aluminum Supply, Inc.

4b. If you are a Sole Proprietor or Individual, what is your legal name?  
\_\_\_\_\_  
First Middle Last

5. What is your FEIN Number? [REDACTED]

6. What is your IBT Number? 04275081

7. In what state did you incorporate? IL  
(If Corporation or LLC)

8. What date did you incorporate? 5/16/1979  
(If Corporation or LLC)

9. What is your File number with the State of Illinois? [REDACTED]  
(If Corporation, Not-For-Profit Club, LLC or Limited Partnership)

10. What is your business name or Doing Business As (DBA)? Climate Guard Products

11. What is your State of Illinois Exemption Number, if applicable? \_\_\_\_\_

12. What is the expiration date for your state of Illinois Exemption number, if applicable? \_\_\_\_\_



City of Chicago  
Richard M. Daley  
Mayor

Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602

13. Describe your business activity. Please mention all product or service lines offered by your business.

Manufacture of windows, doors,  
awnings and fences.

14. Who is the primary contact person for this business?

John Mannion  
First Middle Last

15. What is the primary contact person's telephone number? 713 297 3803

16. What is the primary contact person's mailing address?

2500 N. Pulaski Rd  
Street Number Dir Street Name Suite/Apt# Floor Number  
Chicago IL 60639  
City State Zip Code

17. What is the phone number for this site? 713 278 3600

18. What is the FAX number for this site? 713 235 3412

19. What is the e-mail address for this site? jmannion@shopstudio41.com

20. What is your property identification number for the location where your business transactions or public way use occur?

13-27-402-018, 030

21. Please mark the following box with an "X" if this property is held in trust.   
(If not in trust, please continue with question 22.)

22. If trust, what is the name of the trust beneficiary?  
(If individual, please indicate First, Middle and Last Name.)



City of Chicago  
Richard M. Daley  
Mayor

Department of Business Affairs and  
Consumer Protection  
Public Way Use Unit  
121 N. LaSalle Street, Room 805  
Chicago, IL 60602

23. Please mark the following box with an "X" if this business is an existing business that you purchased.

**Ownership Information**

**Section I - Owner Details**

1. Louis Silver  
First Middle Last

Title (check one):

- President
- Secretary
- VP
- Principal Officer
- Treasurer
- Share Holder
- Partner
- General Partner
- Limited Partner
- Member
- Managing Member
- Beneficiary
- Spouse
- Not Applicable
- Other

Birth Date 8/1/1957 Social Security Number [REDACTED] Percentage of Ownership 33 %

130 Rue Foret  
Street Number Dir Street Name Suite/Apt# Floor Number  
Lake Forest IL 60045  
City State Zip Code

Phone Number 773 235 2800 FAX Number 773 235 3412 E-mail Address \_\_\_\_\_

2. Nathan Silver  
First Middle Last

Title (check one):

- President
- Secretary
- VP
- Principal Officer
- Treasurer
- Share Holder
- Partner
- General Partner
- Limited Partner
- Member
- Managing Member
- Beneficiary
- Spouse
- Not Applicable
- Other

Birth Date 9/23/1951 Social Security Number [REDACTED] Percentage of Ownership 33 %

1015 Sheridan Drive  
Street Number Dir Street Name Suite/Apt# Floor Number  
Wauconda IL 60084  
City State Zip Code



City of Chicago  
 Richard M. Daley  
 Mayor

Department of Business Affairs and  
 Consumer Protection  
 Public Way Use Unit  
 121 N. LaSalle Street, Room 805  
 Chicago, IL 60602

Phone Number 773 235 2500 FAX Number 773 235 3412 E-mail Address \_\_\_\_\_

**Section II – Legal Entity Owner**

What is the legal name of your Corporation, Partnership, Limited Partnership or Limited Liability Company?

\_\_\_\_\_

What is your Legal Entity Type?

- Corporation
- Partnership
- Limited Partnership
- Limited Liability Company

What is your File Number with the State of Illinois? \_\_\_\_\_ What is your FEIN Number? \_\_\_\_\_  
(If Corporation, Not-For-Profit Club, LLC or Limited Partnership)

What is your IBT Number? \_\_\_\_\_ In what state did you incorporate? \_\_\_\_\_  
(If Corporation or LLC)

What date did you incorporate? \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_ %  
(If Corporation or LLC)