



RESTAURANT START-UP WORKSHEET

CONTACT

Primary contact person: _____

First name

MI

Last name

Relationship to license applicant: Self Expediter Lawyer Other: _____

Contact phone number: _____

Contact e-Mail address: _____

If not license applicant, name of the applicant: _____

Official use only:
Name of Business
Consultant:

Date:

BUSINESS ACTIVITY

Prepare food on premises: Yes No If yes, type of food _____

Serve liquor/beer/wine: Yes No

Amusement/entertainment: Yes No If yes, describe _____

Private event rooms: Yes No

Private events/banquets: Yes No If yes, max number of seats _____

Sit-down bar: Yes No If yes, number of seats/stools _____

Outdoor seating:

Patio: Yes No

Sidewalk Café: Yes No

Roof top deck: Yes No

Retail Sale: Yes No If yes, what will you be selling? _____

Wholesale: Yes No

Hours food will be served: _____

Hours liquor will be served: _____

Total Seating: less than 50 50-100 100-200 greater than 200

Number of Employees: 1-4 5-10 11-20 21+

By signing below, I understand that any changes to business activity may impact licensing and zoning approvals. I will notify BACP and zoning of those changes.

Signature

Date

LOCATION**Any building permits:** **Yes** **No** **If yes, permit number** _____Official use only:
Notes

Street Number(s)		Street Name		Apt/Suite
City	State	Zip Code	Most Recent Use of Space	
Rough Square Footage:	0-4,500 sf	4,501-10,000 sf	10,001+ sf	
Outstanding violations*?	Yes	No		
Existing signage/canopy?	Yes	No		
Any dedicated onsite parking on the property (i.e., not street)? If yes, # of spaces _____				

Official use only:
Notes

Street Number(s)		Street Name		Apt/Suite
City	State	Zip Code	Most Recent Use of Space	
Rough Square Footage:	0-4,500 sf	4,501-10,000 sf	<input type="checkbox"/> 10,001+ sf	
Outstanding violations*?	Yes	No		
Existing signage/canopy?	Yes	No		
Any dedicated onsite parking on the property (i.e., not street)? If yes, # of spaces _____				

Official use only:
Notes

Street Number(s)		Street Name		Apt/Suite
City	State	Zip Code	Most Recent Use of Space	
Rough Square Footage:	0-4,500 sf	4,501-10,000 sf	10,001+ sf	
Outstanding violations*?	Yes	No		
Existing signage/canopy?	Yes	No		
Any dedicated onsite parking on the property (i.e., not street)? If yes, # of spaces _____				

*Go to www.cityofchicago.org/buildings > Look Up Building Permits, Inspections and Violations Online



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS**Application for Occupancy Capacity Signs****Business Information: Completed by Applicant****PM Information: Completed by PM**

Occupancy Limit Being Applied For:		<input type="checkbox"/> New Sign	App. #	CN #
		<input type="checkbox"/> Duplicate Sign	Phone #	PM #
Use of Building:			Zoning Approval: Zoning & Planning Use Only	
Business Name (DBA):				
License Address:				
	Chicago, IL	Zip:		
Hrs. of Operation:				
Licensee:				
Submitted By:				
Title:				
Phone Number:				
Owner's Email:				
Applicant's Email:				
Architect's Email:				

Room Name / No.	Size (sq.ft.)	Capacity Limits	Reason for Rejection	Approved?	Inspector ID #
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

Building Information: Completed by Building Inspector**Reasons for Rejection**

Construction Type:		1. Dimensions Not Accurate	6. Not Enough Information
Building Height:		2. Missing Dimensions	7. Dimensions for Fixed Seating
Capacity Limits:		3. Plan and Permits Needed	8. Not an Assembly
Sprinklers:	YES NO	4. Business Not in Operation	9. Plans Do Not Reflect Layout
Date:		5. Under Construction	10. See Inspector Comments

Inspector Comments: Completed by Building Inspector

Is this a new annual assembly project?	YES NO	If YES, did the inspector create a new annual assembly assignment sheet?	YES NO



Type of PRE-Application ☒ Business License ☐ Public Way Use

☐ Adding a new site ☐ Moving

Account #

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Business Entity Information

Type of Business ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Non-Profit ☐ Trust ☐ Other

Legal Name of Business

The exact “**legal name**” as it appears in the official business formation documentation.

For Sole Proprietors, this is the full name of the business owner as it appears on the Sole Proprietor's government-issued photo ID.

“Doing Business As” Name

The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.

Sole Proprietors or Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office at 50 W. Washington St., East Concourse (Lower) Level - 27, (312) 603-5652, or @ www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.

▼ A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corps.

State of Illinois File #

Assigned by the Illinois **Secretary of State** at 69 W. Washington St., Suite 1240,
(312) 793-3380, or @ www.cyberdriveillinois.com/departments/business_services/

▼ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification #

Assigned by the **Internal Revenue Service** at 230 S. Dearborn St., (312) 566-4912 or (800) 829-4933, or @ www.irs.gov/businesses > Employer ID Numbers (EINs)

▼ An Account ID Number is **REQUIRED** for **ALL** business entity types that conduct business in the state of Illinois or with Illinois customers.

(formerly IBT #) **IDOR Account ID #** -

Assigned by the **Illinois Department of Revenue** at 100 W. Randolph St., (800) 732-8866, or @ <http://tax.illinois.gov/Businesses/index.htm> > Business Registration

Public Way Use (PWU) ☐ Sign ☐ Awning ☐ Canopy ☐ Marquee ☐ Banner ☐ Sidewalk Cafe ☐ Other

PWU Permit(s) # [][][][][][][] | [][][][][][][]

PWU Account # [] [] [] [] [] []

Business Activity and Location

Business Activity

List your business activities, including all products and/ or services to be offered.

If selling goods, what type of sales? ☐ Retail (Consumers Only) ☐ Wholesale (Business to Business Only) ☐ Both

Business Site Address

Provide the full business location address where the business transactions and/or activities occur.
If applicable, provide the **extended** address (e.g. **100-102 N. Main St.**).

Street Number(s)	N/S/E/W	Street Name	Ave./St.	Ste./Apt. #	Floor #
City					
State		ZIP Code			

Square footage used by the business: [] [] [] [] [] [] SQ. FT. Amount of employees at this site: [] [] [] [] [] []

Primary Contact Person

First Name Middle

,

Last Name Jr./Sr.

Contact Phone #				-				-			
------------------------	--	--	--	---	--	--	--	---	--	--	--

Fax #

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Contact E-mail Address

Owner and Officer Information (as required per 4-4-050)

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **Partnerships & Limited Partnerships** are required to provide information about all the **Partners** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- **Non-Profit Corporations** are required to provide information about the organization's **President** and **Secretary**.

Proof of identification may be required to complete the actual application.

Ownership %	Title				
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:				

First Name		Middle Name		Last Name	
------------	--	-------------	--	-----------	--

Current Residential Address			Suite/Apt. #	City	State	ZIP Code
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Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address
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Ownership %	Title				
	<input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> Other:				

First Name		Middle Name		Last Name	
------------	--	-------------	--	-----------	--

Current Residential Address			Suite/Apt. #	City	State	ZIP Code
-----------------------------	--	--	--------------	------	-------	----------

Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address
---------------------	---------------------------------	------------------------	---------------

Ownership %	Title				
	<input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> Other:				

First Name		Middle Name		Last Name	
------------	--	-------------	--	-----------	--

Current Residential Address			Suite/Apt. #	City	State	ZIP Code
-----------------------------	--	--	--------------	------	-------	----------

Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address
---------------------	---------------------------------	------------------------	---------------

Ownership %	Title				
	<input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other:				

First Name		Middle Name		Last Name	
------------	--	-------------	--	-----------	--

Current Residential Address			Suite/Apt. #	City	State	ZIP Code
-----------------------------	--	--	--------------	------	-------	----------

Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address
---------------------	---------------------------------	------------------------	---------------

Ownership %	Title				
	<input type="checkbox"/> Shareholder <input type="checkbox"/> Other:				


First Name		Middle Name		Last Name	
------------	--	-------------	--	-----------	--

Current Residential Address			Suite/Apt. #	City	State	ZIP Code
-----------------------------	--	--	--------------	------	-------	----------

Home Phone ()	Social Security Number - -	Date of Birth / /	Email Address
---------------------	---------------------------------	------------------------	---------------

- Completed BIS forms may be submitted in-person at the address below, or by e-mail attachment at businesslicense@cityofchicago.org.
- Please do **NOT** include/send any payments with this pre-application.





CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	PERMIT NUMBER	ANNUAL FEE	WORK CODE	DRAWINGS <input type="radio"/> YES ATTACHED <input type="radio"/> NO
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CONTRACTOR WILL FILL OUT BLANKS BELOW

DATE OF APPLICATION			
ADDRESS OF SIGN (NUMBER, DIRECTION AND STREET NAME)			
BUILDING		ORIGINAL PERMIT NUMBER	
TYPE OF PERMIT	0 NEW SIGN	2 CHANGE OF FACE	4 REPAIR
	1 ADDITIONAL SEGMENT	3 REHANG	5 REMODEL
PAYER OF ANNUAL INSPECTION FEE			
ADDRESS			
CITY		STATE	ZIP CODE
SIGN MANUFACTURER			
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION			
TICKET NUMBER	FORM # 1017B	REINSPECTION CONTROL NUMBER	
TYPE OF SUPPORT FOR SIGN	1 BEAM	3 POLE	5 GROUND STRUCTURE
	2 CANOPY	4 BUILDING	6 ROOF
SIGN BOARD SUPPORT MEMBERS <input type="radio"/> WOOD <input type="radio"/> STEEL			

ANNUAL FEE _____

CONSTRUCTION FEE _____

1017 B FEE _____

TOTAL FEE _____

1 PROJECTING OVER PUBLIC WAY		3 ROOF		5 PROJECTING OVER PRIVATE PROPERTY	
2 FLAT		4 SIGNBOARD			
LENGTH	FT.	IN.	HEIGHT	FT.	IN.
AREA		SQ. FT.		LBS.	
SIGN HEIGHT ABOVE GRADE/ROOF				FT.	
SHAPE OF SIGN <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR					
SIGN WILL READ:					
NO. OF LAMPS			TOTAL WATTAGE		
1 INCANDESCENT			3 NEON		
2 FLUORESCENT			4 OTHER		
NO. OF BALLASTS/TRANSFORMERS					
INPUT OF TRANSFORMERS					
WILL FEEDERS BE INSTALLED BY YOU?				<input type="radio"/> YES <input type="radio"/> NO	
WILL CONNECTIONS BE MADE TO CUSTOMER'S LEAD BY YOU?				<input type="radio"/> YES <input type="radio"/> NO	
TYPE OF SWITCH			<input type="radio"/> KNIFE <input type="radio"/> SPECIAL		
LOCATION OF SWITCH			<input type="radio"/> OUTSIDE <input type="radio"/> INSIDE		
SIGN LOCATION					

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.	

BOND NO.	REG. NO.

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.



ZONING INFORMATION		ELECTRICAL INSPECTION INFORMATION	
TYPE OF BUSINESS		SIGN BOND REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING		COUNCIL ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL STREET FRONTAGE OF LOT (IN FEET)		IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL INSPECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL AREA OF NEW SIGN (SQ. FT)		IF YES, ATTACH LETTER REQUEST.	
TOTAL AREA OF ALL SIGNS ON LOT (SQ. FT)		TIME STAMP	
HEIGHT OF SIGN ABOVE GRADE (TO TOP)			
DISTANCE FROM CURB LINE OUTER EDGE DISTANCE FROM STRUCTURE INNER EDGE			
DISTANCE FROM: A. PUBLIC PARK (OVER 10 ACRES) _____ B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____		SIGN CLERK	
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES EXISTING SIGN READ?		APPROVED FOR PERMIT	
ZONING (OFFICE USE ONLY) <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED		REMARKS	

CITY OF CHICAGO
DEPARTMENT OF ZONING AND LAND USE PLANNING
SIGN SITE PLAN
(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: _____ of _____ applications

Sign Company: _____ Rep Name: _____

Phone () _____ - _____ EXT _____ *(Below: Building, streets and location of sign on lot or structure)*
North

West

East

South

SIGN USE:

Bus. ID (On-premise) ☐

Business Lice. # _____

Advertising (Off-premise) ☐

PERMIT TYPE:

New Construction ☐

Change of Face

Previous Permit # _____

TYPE OF SIGN:

Flat Wall ☐

Freestanding ☐

Awning ☐

Marquee ☐

High Rise Building ☐

Projecting Private ☐

Projecting Public Way ☐

Public Way Use -Permit # _____

SIGN CHARACTERISTICS:

Non- Illuminated ☐

Illuminated ☐

Changing Image ☐

Video Display ☐

Flashing ☐

DISTANCE FROM:

Curb Line: _____

Expressway, Toll Roads
or Major Route

(n/a if over 1000 ft) _____

Park (over 10 acres) _____

Residential Zone _____

Existing Off-premise on
same side of street: _____

TOTAL SQUARE FOOTAGE:

Square footage of **this proposed sign** _____

Gross area of **all proposed signs** _____

Area of **all existing signs**

(not including proposed) on Zoning Lot _____

Signature : _____

Date: _____



APPLICATION TO USE THE PUBLIC RIGHT OF WAY

OFFICE USE ONLY		
DOB PERMIT #:		
AMNESTY ELIGIBLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT INFORMATION

LEGAL NAME OF ENTITY:

PERMIT MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON:

TITLE:

PHONE:

FAX:

E-MAIL:

BUILDING OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

FAX:

E-MAIL:

USE OF THE PUBLIC WAY

1. List the proposed or existing use below and complete the worksheet on page 3.
Use only one application for all public way use type.

TYPE

HOW MANY?

BUILDING ADDRESS

2. Please enclose one sketch of each proposed use of the public way, which maps to scale the proposed use(s) 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:

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.

ALDERMAN'S SIGNATURE:

DATE:

WARD:





APPLICATION TO USE THE PUBLIC RIGHT OF WAY

APPLICATION WORKSHEET

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

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

	Exact Street (i.e. S. State St.)	Quantity	Length of structure along public way	Height of structure	Depth of 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)
SIGNS									
CANOPIES / AWNINGS									
LIGHTS									

See example of required plans beginning on page 5.

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.





SIDEWALK CAFÉ APPLICATION – 2012 SEASON

APPLICANT INFORMATION

LEGAL NAME OF ENTITY:

BUSINESS NAME (DBA):

PERMIT MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON:

TITLE:

PHONE:

MOBILE:

E-MAIL:

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 Café applicants are required to obtain the signature of the Alderman in whose ward the proposed use of the public way is located. Additionally, the applicant will need to forward the signed and completed Sidewalk Café Application, including plans, photos, certificate of insurance, acceptance letter, and copy of current license certificate.

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:

DATE:

WARD:



APPLICATION WORKSHEET

Please enclose a plan of the proposed Sidewalk Café and its relationship to the surrounding public way even if it has been submitted during prior years. Please show the associated dimensions, clearance measurements, boundaries and landscaping, street location, seating capacity, accessibility to patrons with disabilities and its relationship to the surrounding public way. Also include photograph(s) of proposed Sidewalk Café's location.

In addition, please fill in below the proposed Sidewalk Café's (1) business license information, (2) street location, dimensions, (3) seating capacity, and (4) days and hours of operation.

1. Business License Information:

ACCOUNT #:

CURRENT RETAIL FOOD LICENSE #:

BUSINESS LOCATION ADDRESS:

2. Proposed Sidewalk Café Location and Dimension Information:

Note: The street name(s) and proposed length(s) and width(s) must match the proposed plan.

STREET NAME (i.e. S. State St.)	LENGTH	WIDTH

3. Proposed Sidewalk Café's Seating Capacity:

Note: The proposed seating capacity must match the proposed plan.

CAPACITY:

4. Days and Hours of Operation:

Note: Sidewalk Café's cannot operate earlier than 8:00 AM nor later than midnight.

DAY OF THE WEEK	PROPOSED HOURS OF OPERATION
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	



ACCEPTANCE OF SIDEWALK CAFÉ PERMIT TERMS

I hereby understand and accept the terms and conditions relative to the issuance of the Sidewalk Café permit, and by signing below, I acknowledge that I must adhere to the City of Chicago's Municipal Code 10-28-800 through 10-28-885 (Article XII. Sidewalk Cafés), the Rules and 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 submission of the Sidewalk café Application, furnish the Certificate of Insurance;
3. upon the introduction of the permit ordinance at City Council, pay the **non-refundable** applicable Sidewalk Café annual permit fee (minimum \$600.00, varies with size and location);
4. resolve all Account Holds since failure to do so will prevent the issuance of this permit application;
5. install or maintain the Sidewalk Café **after** the issuance of the permit by the Commissioner of Business Affairs and Consumer Protection;
6. install and/or maintain the Sidewalk Café in a manner that complies with all applicable accessibility requirements under local, state or Federal law, including but not limited to those set forth in the Sidewalk Café Application and the "Accessible Outdoor Dining: A Guide to Sidewalk Café Accessibility Requirements in the City of Chicago."

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

SIGNATURE:

PRINT NAME:

ACCOUNT #:

LEGAL NAME OF ENTITY:

BUSINESS NAME (DBA):

BUSINESS LOCATION ADDRESS:

CITY: **Chicago**

STATE: **Illinois**

ZIP CODE:

BUSINESS PHONE:

E-MAIL:

PERMIT TYPE: **Sidewalk Café**



CHICAGO DEPARTMENT OF TRANSPORTATION
Driveway Permit Section 121 N. LaSalle Street, Room 905
Chicago, IL 60602

APPLICATION FOR COMMERCIAL DRIVEWAY PERMIT
PLEASE TYPE OR PRINT IN INK COMPLETELY AND IN TRIPLICATE

_____ of _____
(Name of Owner) (Mailing Address-City, State) (Zip Code)

_____ of _____
(Name of Billing) (Billing Address- City, State) (Zip Code)

hereinafter termed the Owner, request permission and authority to maintain a driveway or driveways, and submit herewith to the Commissioner of Transportation the following:

1. Descriptive location and address of proposed and/or existing driveway(s)

Drive A _____ Ft. (N) (S) (E) (W) of _____
Exact address of driveway Distance Property line nearest cross street
Driveway width at widest point _____ ft. ☐ Proposed ☐ Existing

Drive B _____ Ft. (N) (S) (E) (W) of _____
Exact address of driveway Distance Property line nearest cross street
Driveway width at widest point _____ ft. ☐ Proposed ☐ Existing

Drive C _____ Ft. (N) (S) (E) (W) of _____
Exact address of driveway Distance Property line nearest cross street
Driveway width at widest point _____ ft. ☐ Proposed ☐ Existing

Drive D _____ Ft. (N) (S) (E) (W) of _____
Exact address of driveway Distance Property line nearest cross street
Driveway width at widest point _____ ft. ☐ Proposed ☐ Existing

2. Exact address of property _____ Zip _____

3. Exempt: ☐ The Owner certifies that the private property adjacent to and served by the driveways will be used exclusively for a public museum or a not for profit hospital. A copy of proof of status must be submitted with this application.

4. FEIN (Federal Employer Identification Number) or Social Security Number _____

5. PIN (Permanent Index Number) of Property _____

6. Describe the exact nature of business to be or being served by driveway(s) _____

See instructions sheet for information on drawings, photographs, fee schedule and certificate of insurance.



CHICAGO DEPARTMENT OF TRANSPORTATION
Driveway Permit Section 121 N. LaSalle Street, Room 905
Chicago, IL 60602

Application Fee: The non-refundable application fee must accompany the application. Make check or money order payable to **City of Chicago**. I certify that all of the above information is true and in accordance with the requirements supplied with this application.

Print name _____ Signature _____ Date _____

ZONING DEPARTMENT APPROVAL

Print name _____ Signature _____ Date _____

Application No. _____ Permit No. _____