



Angelo "Skip" Saviano  
Village President  
Gina Pesko  
Village Clerk  
Paul A. Volpe  
Village Manager  
Michael Durkin  
Village Attorney

**Trustees**  
Alan T. Kaminski  
Jeff Sargent  
Angela Stranges  
Anthony Del Santo  
Angelo J. Lollino  
Jonathan L. Zivojnovic

Ms. Sarah Calderone  
7340 W. 15<sup>th</sup> St.  
Forest Park, Il 60130

March 24, 2016

RE: Freedom of Information Act Request

Dear Ms. Calderone,

The Village of Elmwood Park is in receipt of your March 18, 2016, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

**"..all new business licenses and/or building occupancy permits and contact information for the licensee from January 1 – February 29, 2016"**

Enclosed are records responsive to your request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records being provided.

Section 7 (1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee id number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses." Section 7(1)(c) of FOIA provides that, "personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy is exempt from disclosure. Consequently, birthdates and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, such as the victim's name and identifying information, have been redacted from the records being provided.

In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office.

You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt  
Public Access Counselor  
Office of the Attorney General  
500 South 2nd Street  
Springfield, Illinois 62706  
Fax: 217-782-1396  
E-mail: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor. You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section II of FOIA.

Should you have any questions, please do not hesitate to contact my office.

Gina Pesko



Village Clerk  
Freedom of Information Officer  
708-452-3948

COPY

VILLAGE OF ELMWOOD PARK  
11 Conti Parkway  
Elmwood Park, IL 60707



Village of  
Elmwood Park

**CERTIFICATE OF OCCUPANCY**

- Condo Conversion
- Fire Restoration
- New Construction, Commercial
- New Construction, Residential
- Renovation/Addition
- Transfer Stamp Affidavit

Building Permit No: 140094      Date Issued: 2/22/16

Permit Type: New Commercial/Walgreens

Description: NEW Address: 7200 North Ave.      Unit No:

I hereby certify that the building located at Street No. 7200 W. North Ave.,  
Index No. N/A New Construction has been inspected and that its building

and use comply with all the building and health laws and ordinances of the

Village of Elmwood Park. The aforesaid building may now be occupied for the

purpose for which it was erected. This certificate is issued in accordance with

Section 1411.05 of the Zoning Ordinance and the application for this certificate

Date Inspected: 2/22/2016

Inspected By:

Robert Bormann  
Robert Bormann, Director/Bldg Commissioner, Code Administration

APPROVED BY DEPTS  
(For Commercial Property Only)

C: WATER DEPT APPROVAL:  
(For New Construction or Condo Conversions)

Cathy Quaranta, Water Billing Dept.

FIRE DEPT.: \_\_\_\_\_  
 HEALTH: \_\_\_\_\_  
 PLUMBING: 6/7/16 \_\_\_\_\_  
 ELECTRICAL: \_\_\_\_\_  
 BLDG COMM: \_\_\_\_\_

#B+F

FIRE DEPT APPROVAL:  
(For New Condominiums & Multi Family Construction)

Mike Terzo  
Mike Terzo, Chief Fire Inspector



Village of  
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

Phone: 708-452-7300  
Fax: 708-453-8816

39388

Business License No: \_\_\_\_\_

Date: 12-8-15 Year Ending: \_\_\_\_\_

Date Paid: 12-8-15 Fee: 300.00

Date Entered: \_\_\_\_\_ Initials: [Signature]

PO 12-11-15

Approved [Signature] Disapproved  
Initials [Signature] temp approved 11/21/16

**BUSINESS LICENSE APPLICATION**

Business License

Non-Inspection License (home occupation, etc.)

The undersigned hereby applies for a license for: Roberto Mendozza, President

TRADE NAME OF BUSINESS Robert's Auto Rebuilders Inc

ADDRESS OF BUSINESS: 7916 W Grand Ave BUS PHONE: \_\_\_\_\_

APPLICANT'S FULL NAME: Roberto Mendozza PHONE NO. (708) 717-7544

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: Owner/President

Describe Nature of Operations; In Detail: Complete Auto Repair & Service

If Restaurant: Seating Capacity: N/A Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: N/A (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
Additional pages may be added if necessary.

Name: Juan C. Mendozza Date of Birth: \_\_\_\_\_

Title: Controller Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: 54

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant: \_\_\_\_\_ Title: President

Signature of Applicant: \_\_\_\_\_ Title: Controller

All blanks must be completed prior to submittal.  
License fee must be paid at time of application and is non-refundable.

**BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED**

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

39449

Business License No: \_\_\_\_\_  
 Date: 2/3/16 Year Ending: \_\_\_\_\_  
 Date Paid: 2/3/16 Fee: 75.00  
 Date Entered: \_\_\_\_\_ Initials: DJB

**BUSINESS LICENSE APPLICATION**

RS 2-3-16

Business License   
 Non-Inspection License (home occupation, etc.)

Approved / Disapproved  
 Initials DJB 2/3/16

Home

The undersigned hereby applies for a license for:

TRADE NAME OF BUSINESS: GREEN GLASS LLC

ADDRESS OF BUSINESS: 2044 N. 73RD AVE BUS PHONE: 847 738 4046

APPLICANT'S FULL NAME: BOGDAN DOMINIKOWSKI PHONE NO. \_\_\_\_\_

Address: 2044 N. 73RD AVE city: ELMWOOD PARK Zip: IL 60707

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBF No: \_\_\_\_\_

Connection of Applicant with Business: PRESIDENT

Describe Nature of Operations in Detail: COMMERCIAL GLASS INSTALLATIONS  
 WORK ON COMPUTER ONLY

If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: BOGDAN DOMINIKOWSKI Date of Birth: \_\_\_\_\_

Title: PRESIDENT Social Security No: \_\_\_\_\_

Home Address: 22 Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant: [Signature] Title: 02/03/2016

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

Business License No: \_\_\_\_\_  
 Date: \_\_\_\_\_ Year Ending: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Fee: 0  
 Date Entered: \_\_\_\_\_ Initials: JFB

# 39453

**BUSINESS LICENSE APPLICATION**

PAID 10-9-15  
 Approved Initials Rp Disapproved 3/7/16

Business License   
 Non-Inspection License (home occupation, etc.)

The undersigned hereby applies for a license for: \_\_\_\_\_

TRADE NAME OF BUSINESS The Meridian Business Group

ADDRESS OF BUSINESS: 7612 W. North Ave BUS PHONE: 708 452 9169

APPLICANT'S FULL NAME: Michael Trekas PHONE NO. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Tax I.D. No: 2 IBT No: \_\_\_\_\_

Connection of Applicant with Business: owner

Describe Nature of Operations; In Detail: Financial Planning & Insurance

If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: Michael Trekas Date of Birth: \_\_\_\_\_

Title: President/owner Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant \_\_\_\_\_ Title: President/owner

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

**All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.**



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7800  
 Fax: 708-453-8816

39448

Business License No: \_\_\_\_\_  
 Date: 12/17 Year Ending: \_\_\_\_\_  
 Date Paid: 12/17/15 Fee: 75.00  
 Date Entered: \_\_\_\_\_ Initials: JBB

**BUSINESS LICENSE APPLICATION**

Business License   
 Non-Inspection License (home occupation, etc.)

None Beer

Approved / Disapproved  
 Initials: JBB 3/17/16

The undersigned hereby applies for a license for: MASSEY REAL Estate PATRICIA MASSEY-Divener

TRADE NAME OF BUSINESS MASSEY Real Estate

ADDRESS OF BUSINESS: 1725 76th AVE. EP IL 60707 BUS PHONE: 708 452-8370

APPLICANT'S FULL NAME: PATRICIA MASSEY-Divener PHONE NO. no

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: Sole Proprietor

Describe Nature of Operations; In Detail: Sell & List properties, Have home office, schedule showings, make appointments, & phone calls.

NA If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: Patricia Massey-Divener Date of Birth: \_\_\_\_\_

Title: Sole Proprietor Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: 708 452-8370

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant: \_\_\_\_\_ Title: Managing Real Estate Broker

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.

BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

39452

Business License No: \_\_\_\_\_  
 Date: 1/8/16 Year Ending: \_\_\_\_\_  
 Date Paid: 1/8/16 Fee: 75.00  
 Date Entered: \_\_\_\_\_ Initials: JB

**BUSINESS LICENSE APPLICATION**

PS 2-10-16

Business License   
 Non-Inspection License   
 (home occupation, etc.)

Approved 1 Disapproved \_\_\_\_\_  
 Initials JB 3/7/16

The undersigned hereby applies for a license for: \_\_\_\_\_

TRADE NAME OF BUSINESS Krv's Real Estate Investors Inc

ADDRESS OF BUSINESS: 2430 N 77th Ave BUS PHONE: 708 539 6508

APPLICANT'S FULL NAME: Violette Janis PHONE NO. 708 539 6508

Address: the same City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: \_\_\_\_\_

Describe Nature of Operations; In Detail: real estate investing  
no staff

If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: 120 sq ft No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)  
 Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: Violette Janis Date of Birth: \_\_\_\_\_

Title: president Social Security No: \_\_\_\_\_

Home Address: the same Home Phone: 708 539 6508

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant \_\_\_\_\_ Title: president

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

39450

Business License No: \_\_\_\_\_  
 Date: \_\_\_\_\_ Year Ending: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Fee: 75.00  
 Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

2002-5-16

**BUSINESS LICENSE APPLICATION**

Business License   
 Non-Inspection License   
 (home occupation, etc.)

Approved  Disapproved   
 Initials AG 3/1/16

The undersigned hereby applies for a license for: Home Business

TRADE NAME OF BUSINESS ALAN HOFFMAN TECH

ADDRESS OF BUSINESS: 2635 N. 76<sup>TH</sup> AVENUE BUS PHONE: 708 370-9256

APPLICANT'S FULL NAME: ALAN GLENN HOFFMAN PHONE NO. 708 370-9256

Address: 2635 N. 76<sup>TH</sup> AVENUE City: ELMWOOD PARK Zip: 60707

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: SELF

Describe Nature of Operations; In Detail: SUPPORT SOFTWARE TRAINING AND DEVELOPMENT

If Restaurant: Seating Capacity: N/A Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: N/A Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

**All blanks must be completed prior to submittal.**  
**License fee must be paid at time of application and is non-refundable.**

**BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED**

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

39454

Business License No: \_\_\_\_\_  
 Date: 1/29/16 Year Ending: Exempt  
 Date Paid: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_ Initials: [Signature]

**BUSINESS LICENSE APPLICATION**

RB 2-3-16  
 Approved / Disapproved  
 Initials [Signature] 3/7/16

Business License   
 Non-Inspection License (home occupation, etc.)

The undersigned hereby applies for a license for: Home Based Business

TRADE NAME OF BUSINESS Fruit Gang Outreach, NFP

ADDRESS OF BUSINESS: 2201 N. 77th Ave, Elmwood Park, IL 60707 BUS PHONE: 708-583-2247

APPLICANT'S FULL NAME: Cynthia James PHONE NO. \_\_\_\_\_

Address: 2201 N. 77th Ave. City: Elmwood Park Zip: 60707

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: owner

Describe Nature of Operations; In Detail: A home-based business which promotes & sells on-line fruit gang products; uses 9 live apple characters (a theatrical/drama group) to impart positive values for children & a message of hope & love; community outreach which ministers to children at schools, churches, day care centers to share God's word through skits, books, CD's, DVD's, Demo.

If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_  
 List Total Number of Coin Operated Machines: N/A (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: Cynthia James Date of Birth: \_\_\_\_\_

Title: President Social Security No: \_\_\_\_\_

Home Address: 2201 N. 77th Ave, Elmwood Park, IL 60707 Home Phone: \_\_\_\_\_

Name: Lee Franklin Date of Birth: \_\_\_\_\_

Title: Secretary Social Security No: \_\_\_\_\_

Home Address: 2201 N. 77th Ave, Elmwood Park, IL 60707 Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct.

Signature of Applicant \_\_\_\_\_ Title: President

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_

All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.

**BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED**

WHITE - Village Copy YELLOW - Applicant Copy



Village of Elmwood Park  
 11 Conti Parkway  
 Elmwood Park, IL 60707  
 Phone: 708-452-7300  
 Fax: 708-453-8816

39438

Business License No: 1159  
 Date: 3-2-16 Year Ending: \_\_\_\_\_  
 Date Paid: 3-2-16 Fee: 50.00  
 Date Entered: \_\_\_\_\_ Initials: M

**BUSINESS LICENSE APPLICATION**

Business License   
 Non-Inspection License   
 (home occupation, etc.)

Approved  Disapproved   
 Initials Rp 3/7/16

The undersigned hereby applies for a license for: Landscaping Business

TRADE NAME OF BUSINESS Gonzalez Landscapes Inc

ADDRESS OF BUSINESS: 2350 S. St. Louis BUS PHONE: \_\_\_\_\_

APPLICANT'S FULL NAME: Miguel A Gonzalez PHONE NO. 773-510-3676

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: 1

Social Security No: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_ IBT No: \_\_\_\_\_

Connection of Applicant with Business: Owner

Describe Nature of Operations; In Detail: Landscaping and Lawn Care. Basic maintenance to a property.

If Restaurant: Seating Capacity: \_\_\_\_\_ Floor Area: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Type: \_\_\_\_\_

List Total Number of Coin Operated Machines: \_\_\_\_\_ (Separate licenses must be obtained for any coin operated machines)

Type(s): \_\_\_\_\_

Complete this Section (Please Check one) Proprietorship  Partnership  Limited Partnership  Corporation

**Following Information on Partners or Officers Must Be Given:**  
 Additional pages may be added if necessary.

Name: Rodolfo Gonzalez jr Date of Birth: \_\_\_\_\_

Title: Owner Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: Rodolfo Gonzalez Date of Birth: \_\_\_\_\_

Title: Owner Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK TO BE DONE ON PREMISES.**

I understand the issuance of this license is conditioned upon compliance with all Village Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force. I acknowledge that I am signing this application under the penalty of perjury and that all information is true and correct. 1

Signature of Applicant [Signature] Title: Owner

Signature of Applicant [Signature] Title: Owner

**All blanks must be completed prior to submittal.  
 License fee must be paid at time of application and is non-refundable.**

**BUSINESS WILL NOT BE ALLOWED TO OPEN UNTIL ALL VILLAGE INSPECTIONS HAVE BEEN COMPLETED**

WHITE - Village Copy YELLOW - Applicant Copy