



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

Arg Jir Shkira
4446 N. Newcastle Av
Harwood Hts, Il 60706
shkiras78@hotmail.com

October 30, 2017

RE: Freedom of Information Act Request

Dear Mr. Shkira,

The Village of Elmwood Park is in receipt of your October 30, 2017, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"All info of T&T Roofing Services company such as address, insurance info, bonding that have worked at address 7310 W. Diversey, Elmwood Park."

Enclosed are copies of the records you requested. 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 (such as signatures), 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 a 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

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



11 CONTI PARKWAY
ELMWOOD PARK, ILLINOIS 60707 • Phone 452-7300

Village of
Elmwood Park

APPLICATION FOR CONTRACTOR'S LICENSE

Date: 5/3/16 License Fee: 100.00

Date Paid: CONT 1304 PAID Disapproved:

License No: 39608 MAY 03 2016 Approved:

Year Ending: 12/31/16 Village of Elmwood Park Signed: GP RV Date: 5/16/16

Every contractor, builder, or any person, firm or corporation engaging in the business of a contractor in the construction, maintenance or remodeling etc., of buildings shall before engaging in any such business, be licensed by the Village of Elmwood Park, be insured and bonded in compliance with Village Ordinances.

The undersigned hereby make application for the issuance of a Contractor's Business License. This license, if issued, is under the condition that I understand all regulations, including the Building, Plumbing, Fire, Health, and Electrical Codes of the Village of Elmwood Park, and agree to abide by such. **All blanks must be completed prior to submittal.**

Please print or type.

NAME OF BUSINESS: T & T Roofing Services TRADE: Roofing

ADDRESS: 2032 N. Nordica CITY Chicago STATE IL ZIP 60707

PHONE NO. (773) 671-4154 FED. TAX NO. _____

CORPORATION PARTNERSHIP INDIVIDUAL OTHER (Explain) _____

Business Owner: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone No. _____ S.S. No. _____

If corporation, name & title of officers: Tomas Torres

Address: _____ City Chicago State IL Zip 60707

Home Phone: _____

**Bond Required: For PLUMBERS, SEWER Contractors, EXCAVATORS and DEMOLITION Only.
Cancellation of bond, automatically revokes License.**

Name of Bond Co. _____ Bond No. _____ Expires: _____

**Insurance Required: Certificate of Insurance required in accordance with Village Ordinance 29-8A.
Cancellation of Certificate automatically revokes License.**

Name of Insurance Co. Atlantic Casualty Ins Policy No. 2113003494 Expires: 12/18/2016

Every contractor shall be required to exhibit his receipt showing the payment of his fee to the Commissioner of Buildings as a condition precedent to the granting of any building permit to a contractor. Permits MUST be secured for all work prior to starting.

ELECTRICIANS, PLUMBERS, ROOFERS, ALARM INSTALLERS & EXTERMINATORS MUST SUPPLY THE FOLLOWING INFORMATION: (COPY OF LICENSE MUST BE ATTACHED)

Registration No. _____ and/or State License No. 104-016981 Place of Registration: IL

I understand that I am to comply with all Village Ordinances and Codes, and also will be responsible for removal of all debris, and keep premises in a clean and workmanlike manner. I acknowledge that I am signing this application under the penalty of perjury and that all information provided is true and correct.

Signature: _____ Title: Pres. Date: 05-03-16

Address: 2032 N. Nordica City: Chicago Home Phone: _____

A NON-REFUNDABLE LICENSE FEE MUST BE PAID AT TIME OF APPLICATION AND DOES NOT CONSTITUTE APPROVAL OF LICENSE UNTIL BOND AND CERTIFICATE OF INSURANCE IS FILED AND APPROVED BY PROPER VILLAGE AUTHORITIES.



Policy Number:

Date Entered: 07/11/2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

| | | | |
|--|-------------------------------|----------------------------|-------------------------------|
| PRODUCER PEOPLE'S CHOICE - ALLSAFE INSURANCE 2017 N WESTERN AVENUE CHICAGO, IL 60647 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): | (773) 276-8910 | FAX (A/C, No): (773) 276-1013 |
| | E-MAIL ADDRESS: | jimp@tpcinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: | ATLANTIC CASUALTY INS. CO. | |
| | INSURER B: | TECHNOLOGY | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

INSURED **T & T ROOFING SERVICES CO**

2032 N NORDICA
CHICAGO, IL 60707

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|-------------------------------------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | L113003718 | 12/18/2016 | 12/18/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N <input type="checkbox"/> N/A | TARIL-77375-04 | 03/14/2017 | 03/14/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

POSTED

CERTIFICATE HOLDER

CANCELLATION

VILLAGE OF ELMWOOD PARK
11 CONTI PKWAY
ELMWOOD PARK IL 60707

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

JAMES J PATRICK

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ACORD 25 (2016/03)

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