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May 24, 2013

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OF COUNSEL

IN REPLY REFER TO FILE NO.

Via Regular Mail

Mr. John Ciccio
8211 Grand Avenue
River Grove, Illinois 60707

EP-1

Re: Freedom of Information Act Request

Dear Mr. Ciccio:

The Village of Elmwood Park is in receipt of your May 13, 2013, Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) (hereinafter referred to as "FOIA") request for the following:

Insurance for ... 7750 Grand Ave, Elmwood Park.

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 the FOIA, and that information has been redacted from the records being provided.

Section 7(1)(b) of the FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in the FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers, including social security numbers, home or personal telephone numbers, and home addresses, have been redacted from the records being provided.

Section 7(1)(c) of the FOIA provides that, "[p]ersonal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of

STORINO, RAMELLO & DURKIN

Mr. John Ciccio
May 24, 2013
Page 2

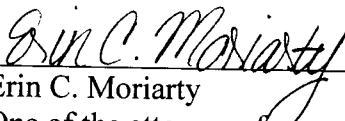
personal privacy ..." is exempt from disclosure. Consequently, a certain birthdate has been redacted from the records being provided.

The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of the 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, Acting Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Phone: 312-814-5526
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

Also, you are 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 11 of the FOIA.

Sincerely,


Erin C. Moriarty
One of the attorneys for
the Village of Elmwood Park

Enclosures



Village of Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

EXISTING BUSINESS

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

Business License No: _____

Date: _____ Year Ending: _____

Date Paid: 12-18-08 Fee: 300.00

Date Entered: _____ Initials: OS

Jan 29 9 [Signature]

Approved / Disapproved Initials _____

BUSINESS LICENSE APPLICATION

Business License [X] Non-Inspection License []

DEC 18 2008

The undersigned hereby applies for a license for:

GAS STATION Philips on Grand Ave

TRADE NAME OF BUSINESS BNU Petroleum Inc, DBA PHILIPS ON GRAND AVE

ADDRESS OF BUSINESS: 7750 W. GRAND AVE BUS PHONE: _____

APPLICANT'S FULL NAME: Rukhsana N. Khatoon PHONE NO. _____

Address: _____ City: _____ Zip: _____

Social Security No: _____ Tax I.D. No: 26-371214 IBT No: 3939-5499

Connection of Applicant with Business: Owner

Describe Nature of Operations; In Detail: Gas Station, Tobacco & food mart

Hours - Mon - Fri: 6AM 11:15pm

Sat - Sun: 7AM 11:30pm

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 [X]

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

Name: RUKHSANA N. KHATOON Date of Birth: _____

Title: 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: NOSEEM Title: 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.

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

WHITE - Village Copy YELLOW - Applicant Copy

Elmwood Park Fire Department
Bureau of Fire Prevention
7 Conti Parkway
Elmwood Park, IL 60707
Phone: 708-452-3934



Village of
Elmwood Park

Elmwood Park Police Department
7420 W. Fullerton Avenue
Elmwood Park, IL 60707
Phone: 708-453-2126

BUSINESS EMERGENCY CONTACT SHEET

NAME OF BUSINESS: BNU Petroleum Inc DBA Phillips 66 Grand Ave
ADDRESS OF BUSINESS: 7750 W. GRAND AVE BUS. PHONE: _____
OWNER OF BUSINESS: Rukhsana N. Khatoun HOME PHONE: _____
HOME ADDRESS: _____ CITY: _____ Zip: _____

Notify the following in the event of an emergency: (First contact must be a key holder)

1. NAME: Rukhsana N. Khatoun PHONE NO.: _____
May also list pager and/or mobile numbers.
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2. NAME: Oger PHONE NO.: _____
May also list pager and/or mobile numbers.
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INSURANCE RECORD

INSURED BY: (Company and Agent) Allied Insurance Co. / Advance Insurance PHONE NO.: 1630-718-1617
AGENTS ADDRESS: 1783 South Washington Street CITY: Naperville STATE: IL ZIP: 60565

BUILDING RECORD

OWNERS NAME: Harjinder Singh PHONE NO.: _____
ADDRESS: 301 N. Housh Blvd CITY: Barrington STATE: IL ZIP: 60010
INSURED BY: (Company and Agent) _____ PHONE NO.: 708-646-3760
AGENTS ADDRESS: 7733 S. Kedzie Ave CITY: Chicago STATE: IL ZIP: 60655

FIRE PROTECTION

(Check all that apply)

Smoke Detectors Heat Detector
Sprinkler System Complete System
Alarm Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Hazardous Chemicals On-Site: Yes No

SECURITY PROTECTION

(Check all that apply)

Burglary Hold Up
Fire Complete System
Alarm Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____