

LAW OFFICES

STORINO, RAMELLO & DURKIN

9501 WEST DEVON AVENUE
ROSEMONT, ILLINOIS 60018

(847) 318 - 9500

FACSIMILE (847) 318 - 9509

DONALD J. STORINO
MICHAEL K. DURKIN
RICHARD J. RAMELLO
NICHOLAS S. PEPPERS
THOMAS M. BASTIAN
ANGELO F. DEL MARTO
JAMES E. MACHOLL
BRIAN W. BAUGH
ANTHONY J. CASALE
ANDREW Y. ACKER
PETER A. PACIONE
MELISSA A. MIROBALLI
MATTHEW G. HOLMES

MICHAEL R. DURKIN
THOMAS J. HALLERAN
ERIN C. MORIARTY

JOSEPH G. KUSPER
MARK R. STEPHENS
BRYAN J. BERRY
ANN M. WILLIAMS
LEONARD P. DIORIO
RICHARD F. PELLEGRINO
DONALD J. STORINO II

OF COUNSEL

IN REPLY REFER TO FILE NO.

October 25, 2013
Via Electronic Mail

Mr. Elio Bartolotta
443 W. Lake Street
Addison, Illinois 60101
eliopittaonfire@gmail.com

EP-1

Re: Freedom of Information Act Request

Dear Mr. Bartolotta:

The Village of Elmwood Park is in receipt of your October 21, 2013 Illinois Freedom of Information Act (5 ICLS 140/1 *et seq.*) ("FOIA") request for the following record:

Business Owner Information of Connies Beef on Grand Ave in Elmwood Park
-IL-

Enclosed please find a record responsive to your request. However, please be advised that certain information in the record being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the record 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 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 a social security number, home or personal telephone number, home address, and a signature, have been redacted from the record being provided.

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

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privacy ..." is exempt from disclosure. Consequently, a birthdate has been redacted from the record 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 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 FOIA.

Sincerely,


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

Enclosure



Village of Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

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

Business License No: Date: 3-20-09 Year Ending: Date Paid: 3-20-09 Fee: 200.00 Date Entered: Initials: [Signature]

BUSINESS LICENSE APPLICATION

[Handwritten initials/signature]

Business License [checked] Non-Inspection License [unchecked]

Approved / Disapproved Initials

The undersigned hereby applies for a license for: Business Lic.

TRADE NAME OF BUSINESS: Connie's Beef Inc

ADDRESS OF BUSINESS: 7501 W Grand Ave BUS PHONE: 708-452-6500

APPLICANT'S FULL NAME: Connie's Beef John Sealzitti PHONE NO: 708-452-6500

Address: [Redacted] City: [Redacted] Zip: [Redacted]

Social Security No: [Redacted] Tax I.D. No: 26-3628465 IBT No: 3945-6443

Connection of Applicant with Business: President and ALL OFFICES

Describe Nature of Operations; In Detail: To operate FAST FOOD RESTAURANT

If Restaurant: Seating Capacity: 35 Floor Area: 2000 Sq FT No. of Rooms: 3 Type: FAST Food

List Total Number of Coin Operated Machines: 0 (Separate licenses must be obtained for any coin operated machines)

Type(s):

Complete this Section (Please Check one) Proprietorship [unchecked] Partnership [unchecked] Limited Partnership [unchecked] Corporation [checked]

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

Name: John Sealzitti Date of Birth: [Redacted]

Title: President, Treasurer, Secretary (ALL OFFICES) Social Security No: [Redacted]

Home Address: [Redacted] Home Phone: [Redacted]

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: [Redacted] Title:

Signature of Applicant: [Redacted] Title: President and ALL OFFICES

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