

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
ADAM R. DURKIN

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.

July 17, 2014
Via Regular Mail

Ms. Wendy Taylor
Reed Construction Data
333 W. Butterfield Road
Suite 700
Lombard, Illinois 60189

EP-1

Re: Freedom of Information Act Request

Dear Ms. Taylor:

The Village of Elmwood Park is in receipt of your July 2, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") request for the following records:

Name and address of developer rebuilding the Walgreens and First Merit Bank at North Avenue and Harlem.

Enclosed is the 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 federal tax identification number, a home or personal telephone number, a home address, and a signature, have been redacted from the record being provided.

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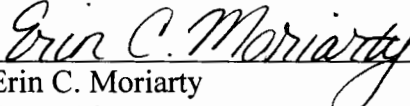
The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the 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
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.

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



11 CONTI PARKWAY

ELMWOOD PARK, ILLINOIS 60707 • Phone 452-7300

Village of

Elmwood Park

APPLICATION FOR CONTRACTOR'S LICENSE

Date: January 27, 2014 **PAID** License Fee: \$100.00

Date Paid: January 27, 2014 **PAID JAN 27 2014** Disapproved:

License No: #37307 **VILLAGE OF ELMWOOD PARK** Approved: GE 1-28-14
CONT0363 12/31/14

Year Ending: _____ Signed: _____ Date: _____

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: Delko Construction Co., Inc. TRADE: CARPENTRY
General Contractor

ADDRESS: 4849 N. Milwaukee Avenue CITY Chicago STATE IL ZIP 60630
Suite 102

PHONE NO. (773) 202-5500 FED. TAX NO. [REDACTED]

CORPORATION PARTNERSHIP INDIVIDUAL OTHER (Explain) _____

Business Owner: _____

Home Address: _____ City _____ State _____ Zip _____

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

If corporation, name & title of officers: Maria Kozonis / President

Address: [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

Home Phone: [REDACTED]

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. Westfield INSURANCE Policy No. OMM 4263017 Expires: 2/9/14

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. _____ Place of Registration: _____

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: [REDACTED] Title: President Date: _____

Address: [REDACTED] City [REDACTED] Home Phone [REDACTED]

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.