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OF COUNSEL

IN REPLY REFER TO FILE NO.

June 2, 2014
Via Electronic Mail

Mr. Jerome Zaring
2825 S. Halsted Street, Unit 601
Chicago, Illinois 60608
jerome.zaring@yahoo.com

EP-1

Re: Freedom of Information Act Request

Dear Mr. Zaring:

The Village of Elmwood Park is in receipt of your May 27, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) (“FOIA”) request for the following records:

ALL NEWLY RETAIL LICENSED BUSINESSES FOR THE MONTH OF
MAY 2014 – WITH ADDRESSES [*sic*] & NAMES OF OWNERS & PHONE
NO.S AT THE BUSINESSES.

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 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, personal financial information, home or personal telephone numbers, home addresses, and signatures, have been redacted from the records being provided.

STORINO, RAMELLO & DURKIN

Mr. Jerome Zaring
June 2, 2014
Page 2

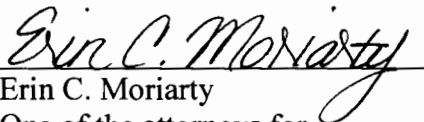
Section 7(1)(c) of FOIA provides that, “[p]ersonal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy ...” is exempt from disclosure. Consequently, birthdates have been redacted from the records being provided.

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 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
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

Enclosures

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: 3-25-14 Fee: 1500/100.00

Date Entered: _____ Initials: OS

BUSINESS LICENSE APPLICATION

TEMP OK - 4/29/14 RP

Approved RP 5/9/14
Disapproved
Initials NO 3-25-14

37557

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

The undersigned hereby applies for a license for: EAB Tavern Inc

TRADE NAME OF BUSINESS George's On Belmont

ADDRESS OF BUSINESS: 7637 W. Belmont

BUS PHONE: 708-453-8238

APPLICANT'S FULL NAME: James W. Martin

PHONE NO. [REDACTED]

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

Social Security No: [REDACTED] Tax I.D. No: [REDACTED] IBT No: _____

Connection of Applicant with Business: owner

Describe Nature of Operations; In Detail: operate an existing tavern with packaged goods sales including cigarettes

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

List Total Number of Coin Operated Machines: 3 (Separate licenses must be obtained for any coin operated machines)

Type(s): pool table, jukebox, electronic darts (NOT owned by applicants)

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: James W Martin Date of Birth: [REDACTED]
 Title: President Social Security No: [REDACTED]
 Home Address: [REDACTED] Home Phone: [REDACTED]

Name: Michael P McGuire Date of Birth: [REDACTED]
 Title: Treasurer Social Security No: [REDACTED]
 Home Address: [REDACTED] Home Phone: [REDACTED]

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: President
 Signature of Applicant: [REDACTED] Title: Treasurer

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: 4/15/14 Year Ending: _____
 Date Paid: 4/15/14 Fee: 75.00
 Date Entered: _____ Initials: JPB

BUSINESS LICENSE APPLICATION

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

*37567
 Recal
 100*

TEMP OR AP 4/24/14
 Approved / Disapproved
 Initials JPB 5/19/14

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

TRADE NAME OF BUSINESS: Michael Biscaglio Music

ADDRESS OF BUSINESS: 7830 W North Ave - Suite 102 BUS PHONE: (708) 932-2935

APPLICANT'S FULL NAME: Michael P Biscaglio PHONE NO. [REDACTED]

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

Social Security No: [REDACTED] Tax I.D. No: None IBT No: DNA

Connection of Applicant with Business: Owner

Describe Nature of Operations; In Detail: Music Instruction - Guitar & Piano

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

List Total Number of Coin Operated Machines: None (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 Biscaglio Date of Birth: [REDACTED]

Title: Owner 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: 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



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

37589



Business License No: _____
 Date: 4-3-14 Year Ending: _____
 Date Paid: 4-3-14 Fee: 100.00
 Date Entered: _____ Initials: JA

BUSINESS LICENSE APPLICATION

5/19/14 AP

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

Approved / Disapproved
 Initials JB 4-4-14

The undersigned hereby applies for a license for: BOUTIQUE

TRADE NAME OF BUSINESS DEBBIE'S MATERIAL POSSESSIONS

ADDRESS OF BUSINESS: 7332 W. DIVERSEY BUS PHONE: 312-671-3001

APPLICANT'S FULL NAME: DEBRA C. RUFO PHONE NO. _____

Address: _____ City: _____ Zip: _____

Social Security No: _____ Tax I.D. No: _____ IBT No: _____

Connection of Applicant with Business: OWNER

Describe Nature of Operations; In Detail: BOUTIQUE - SALE OF JEWELRY, FASHION ACCESSORIES ETC.

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: DEBRA C. RUFO 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: _____ Title: _____



Village of **Elmwood Park**

1 Conti Parkway Elmwood Park, IL 60707

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

37592

Business License No: _____
Date: 4/29/14 Year Ending: _____
Date Paid: 4/29/14 Fee: 75.00
Date Entered: _____ Initials: JES

BUSINESS LICENSE APPLICATION

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

Home Bus

519114
Approved / Disapproved
Initials RP

The undersigned hereby applies for a license for: _____

TRADE NAME OF BUSINESS SESSA CONTRACTING

ADDRESS OF BUSINESS: 2115 N. 76th CT BUS PHONE: 708-906-8101

APPLICANT'S FULL NAME: PETER CEFALU PHONE NO. [REDACTED]

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

Social Security No: _____ Tax I.D. No: [REDACTED] IBT No: _____

Connection of Applicant with Business: _____

Describe Nature of Operations; In Detail: ASPHALT PAVING COMPANY

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: PETER CEFALU Date of Birth: [REDACTED]

Title: PRESIDENT Social Security No: _____

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: 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