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IN REPLY REFER TO FILE NO.

September 4, 2014
Via Regular Mail

Ms. Kelly Stevens
Republic Services
2101 S. Busse Road
Mount Prospect, Illinois 60056

EP-1

Re: Freedom of Information Act Request

Dear Ms. Stevens:

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

“Commercial Certificate of Occupancy report/record of Permits From 7/15/14 to present. New Bus License”

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 employee identification numbers and home or personal telephone numbers, have been redacted from the records 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 privacy ...” is exempt from disclosure. Consequently, birthdates and other personal information,

STORINO, RAMELLO & DURKIN

Ms. Kelly Stevens
September 4, 2014
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the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, have been redacted from the records being provided.

The person responsible for the decision to deny 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,



Peter A. Pacione
One of the attorneys for
the Village of Elmwood Park



Village of
Elmwood Park

11 Conti Parkway Elmwood Park, IL 60707

Phone: 708-452-7800
Fax: 708-453-8816

37786

Business License No: _____
Date: 6-16 Year Ending: _____
Date Paid: 6-16 Fee: 1500
Date Entered: _____ Initials: [Signature]

OK for Temp Op 7/2

BUSINESS LICENSE APPLICATION

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

Home Business (Approved Initials) gp Disapproved

The undersigned hereby applies for a license for: Chain Masonry Repair INC.

TRADE NAME OF BUSINESS Chain masonry repair Repair INC.

ADDRESS OF BUSINESS: 2837 N 75th ct BUS PHONE: 773-383-3017

APPLICANT'S FULL NAME: William michael Chain PHONE NO. [Redacted]

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

Social Security No: [Redacted] Tax I.D. No: [Redacted] IBT No: N/A

Connection of Applicant with Business: President

Describe Nature of Operations; In Detail: Repair and Replacement OF Brick on Homes Removal and Replacement OF Mortar Between Brick.

If Restaurant: Seating Capacity: N/A Floor Area: N/A No. of Rooms: N/A Type: N/A

List Total Number of Coin Operated Machines: N/A (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: William Chain Date of Birth: [Redacted]

Title: President 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 [Signature] 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
WHITE - Village Copy YELLOW - Applicant Copy



11 Conti Parkway Elmwood Park, IL 60707

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



Business License No: Date: 6-13-14 Year Ending: Date Paid: 6-13-14 Fee: 75.00

BUSINESS LICENSE APPLICATION

Business License [] Home Non-Inspection License [] Bus

Handwritten notes: 'per month' and '6-16-14'

Approved/Disapproved Initials: [Signature]

The undersigned hereby applies for a license for:

TRADE NAME OF BUSINESS LP Plumbing Inc.

ADDRESS OF BUSINESS: 7853 W. Sunset Drive BUS PHONE: 773 837 4370

APPLICANT'S FULL NAME: Pawel Lasek PHONE NO. [Redacted]

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

Social Security No: [Redacted] Tax I.D. No: [Redacted] IBT No: [Redacted]

Connection of Applicant with Business:

Describe Nature of Operations, In Detail: plumbing (residential) simple family house (computer) work

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: Pawel Lasek Date of Birth: [Redacted] Title: President 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 Title: 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.

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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: _____ Fee: _____

Date Entered: _____ Initials: _____

BUSINESS LICENSE APPLICATION

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

3708/16 Detail 12/16

APR 2-5-14 Approved Initials [Signature] Disapproved Initials [Signature] 7/21/14

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

TRADE NAME OF BUSINESS Harlem ~~Express~~ Convenient

ADDRESS OF BUSINESS: 2446 N Harlem Ave BUS PHONE: 630-363-2901

APPLICANT'S FULL NAME: Nicholas Cassano PHONE NO. _____

Address: _____ City: _____ Zip: _____

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

Connection of Applicant with Business: President

Describe Nature of Operations; In Detail: To sell Food and Drinks (convenient store)
convenient

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: _____ Date of Birth: _____

Title: _____ 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 [Signature] 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
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: 7-2-14 Year Ending: _____

Date Paid: 7-2-14 Fee: 75.00

Date Entered: _____ Initials: _____

BUSINESS LICENSE APPLICATION

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

370835 Home Bus

Approved Initials: AP PV 7/2/14 Disapproved Initials: _____

The undersigned hereby applies for a license for: _____

TRADE NAME OF BUSINESS: Construction GCR Enterprises Corp

ADDRESS OF BUSINESS: 2030 N 74th St BUS PHONE: (273)727-3330

APPLICANT'S FULL NAME: TERRY ALAZAWI PHONE NO: [REDACTED]

Address: 2030 N 74th St City: Elmwood Park Zip: 60707

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

Connection of Applicant with Business: President

Describe Nature of Operations; In Detail: General contracting, carpentry, Masonry, Remodeling, Computer paper work

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: TERRY ALAZAWI Date of Birth: [REDACTED]

Title: President 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 _____ Title: _____

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.

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