

Primary Business Contact Information

First Name		Middle Name	Last Name
Home Phone ()	Fax Number ()	Email Address	

Owner and Officer Information (as required per 4-4-050 of the Municipal Code of Chicago)

- **Sole Proprietors** are required to provide information about the **Individual** who owns the business.
- **General Partnerships, Limited Partnerships and Limited Liability Partnerships** are required to provide information about all the **Partners** of the organization.
- **Limited Liability Companies** are required to provide information about the organization's **Members**, and any other **shareholder(s)** with a major beneficial interest.
- **Corporations** are required to provide information about the organization's **President, Secretary**, and any other **shareholder(s)** with a beneficial interest.
- **Not for Profit Corporations** are required to provide information about the organization's **President and Secretary**.

Proof of identification may be required to complete the actual application.

Ownership % Title: Sole Proprietor Partner President Managing Member Other:

First Name		Middle Name	Last Name		
Current Residential Address		Suite/Apt. #	City	State	ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /		Email Address	

Ownership % Title: Secretary Partner Managing Member Other:

First Name		Middle Name	Last Name		
Current Residential Address		Suite/Apt. #	City	State	ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /		Email Address	

Ownership % Title: Vice President Member Other:

First Name		Middle Name	Last Name		
Current Residential Address		Suite/Apt. #	City	State	ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /		Email Address	

Ownership % Title: Treasurer Member Other:

First Name		Middle Name	Last Name		
Current Residential Address		Suite/Apt. #	City	State	ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /		Email Address	

Ownership % Title: Shareholder Other:

First Name		Middle Name	Last Name		
Current Residential Address		Suite/Apt. #	City	State	ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /		Email Address	