

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: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> 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: <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Managing Member <input type="checkbox"/> 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: <input type="checkbox"/> Vice President <input type="checkbox"/> Member <input type="checkbox"/> 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: <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> 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: <input type="checkbox"/> Shareholder <input type="checkbox"/> 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		

