



FORM REQUIRED: This affidavit is required business license applications which require a local contact person (i.e. a person authorized as an agent of the owner who is designated for service of process, authorized by the owner to take remedial action and respond to any violation of this Code, and maintains a residence or office located in the City of Chicago.

INSTRUCTIONS:

- Provide the requested information below.
- This form must be signed by **BOTH** the local contact person **AND** the applicant (i.e. business owner, officer or authorized representative).
- Provide a copy of a valid, government-issued, photo ID for **BOTH** the local contact person and applicant noted in this affidavit.

LOCAL CONTACT¹ INFO

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT THE LOCAL CONTACT PERSON

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX
CURRENT RESIDENTIAL ADDRESS		APT./UNIT #	CITY	STATE
HOME PHONE ()	WORK PHONE ()	MOBILE PHONE ()	EMAIL ADDRESS	
CURRENT OFFICE ADDRESS (MUST FILL-IN IF NOT A CHICAGO RESIDENT)		APT./UNIT #	CITY CHICAGO	STATE IL
				ZIP CODE

APPLICANT² INFORMATION

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT THE OWNER BEING REPRESENTED

BUSINESS ACCOUNT #	SITE #	BUSINESS/OWNER LEGAL NAME	BUSINESS/OWNER "DOING BUSINESS AS" (DBA) NAME	
BUSINESS/OWNER LOCATION ADDRESS		APT./UNIT #	CITY	STATE
				ZIP CODE
NAME OF PERSON WHO APPOINTED THE LOCAL CONTACT	PERSON'S TITLE	CONTACT PHONE ()	DATE OF APPOINTMENT / /	

ACKNOWLEDGEMENTS

▶ REVIEW THE FOLLOWING STATEMENTS, FILL-IN THE BLANK, AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I, _____, do hereby affirm that:

(PRINT LOCAL CONTACT PERSON'S FULL NAME AT LINE ABOVE)

1. I will accept service of process at the stated designated address;
2. I am authorized by the owner of the stated designated property to take remedial action and respond to any violations of the municipal code of the City of Chicago; and
3. I maintain a residence, or office, located in the City of Chicago.
4. I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

¹ LOCAL CONTACT PERSON <u>PRINTED NAME</u>	¹ LOCAL CONTACT PERSON <u>SIGNATURE</u> X	DATE
² APPLICANT <u>PRINTED NAME</u>	² APPLICANT <u>SIGNATURE</u> X	DATE