



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

May 11, 2020

President
Frank DeSimone

Board of Trustees
Rosa Carmona
Ann Franz
Marie T. Frey
McLane Lomas
Nicholas Panicola Jr.
Armando Perez

Village Clerk
Nancy Dunin

Village Manager
Evan K. Summers

Ms. Elizabeth LaRose
6140 Joliet Road
Countryside, Illinois 60525

Re: May 9, 2020 FOIA Request

Dear Ms. LaRose:

I am pleased to help you with your May 9, 2020 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on May 11, 2020. You requested copies of the items indicated below:

"Please see attached rider."

After a search of Village files, the following information was found responsive to your request:

- 1) Village of Bensenville Application for Business License for ARP Asphalt Construction Company. (2 pgs.)
- 2) Village of Bensenville Application for Business License for APC Asphalt Paving Co. (2 pgs.)


These are all the records found responsive to your request.

Section 7(1)(b) of FOIA provided 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 complied without possibility of attribution to any person." 5ILCS 140/2(c-5). Consequently, certain identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: publicaccess@atg.state.il.us. You may also have a right of judicial review of the denial under Section 11 of the FOIA, 5 ILCS 140/11.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,


Corey Williamsen
Freedom of Information Officer
Village of Bensenville

RIDER

1. Any and all applications for licenses completed by or on behalf of, and any licenses issued to ARP ASPHALT CONSTRUCTION COMPANY or any company with a name that begins with "ARP Asphalt" for the period 2017 to the present. For your reference, we located information in previous FOIA responses that indicate proprietor is SALVADO or SALVADOR ARREGUIN and street address is 205 WEST GRAND AVENUE 109, BENSENVILLE.
2. Any and all applications for licenses completed by or on behalf of, and any licenses issued to APC ASPHALT PAVING CO or any company with a name that begins with "APC Asphalt" for the period 2017 to the present. For your reference, we located information in previous FOIA responses that indicate proprietor is SALVADOR ARREGUIN and street address is 205 WEST GRAND AVENUE 109, BENSENVILLE.



BENSENVILLE

12 S. Center Street St
Bensenville IL
630-766-8700

Application For Business License

Business or Organization's Legal Name ARP Asphalt Construction Company

Business Address 205 West Grand Ave Unit/Suite 109

City/State/Zip Code Bensenville IL 60106

Business Phone 630-238-1997 Email arpasphalt@yahoo.com Fax 630-238-1998

Billing Address (If Different) _____ Unit/Suite _____

City/State/Zip Code _____

Federal Employer Identification Number (FEIN):

Will the Business generate sales tax? YES NO If yes, State Sales Tax (IBT) #: _____

BUSINESS OWNERSHIP TYPE AND CONTACT INFORMATION - Select the option that defines the ownership type

- If Sole Proprietorship, list information for the sole owner/operator below:
- If Partnership, list information for all Managing Partners below (Attach additional sheet if necessary):
- If Corporation, list information for the President and Chief Financial Officer below:

First Name: Salvador Last Name: Arreguin

Address: City/State/Zip Code:

Phone: Email: arpasphalt@yahoo.com

First Name: _____ Last Name: _____

Address _____ City/State/Zip Code _____

Phone _____ Email _____

PROPERTY OWNER INFORMATION AND CONTACT Metro Resource Investment and Management

First Name: Stephen P. Schostack Last Name: f. 847.775.2828

Address 4069 Joseph Dr. Suite City/State/Zip Code Naukegan, IL 60087

Phone 847-775-2525 Email management@metroresource.com

LOCAL KEYHOLDER/EMERGENCY CONTACTS (Please list in order of best contact):			
Order	Name	Title	Phone Number
1.	Salvador Arreguin	Owner	
2.	Cindy Bentría	Office Manager	
3.			

Name of Fire Alarm Company _____ Phone # _____

Is this building sprinkled? YES NO Not IK #3246



License # 4926 Bill # 12791

BUSINESS CLASSIFICATION
NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)
 (Check only one)

Code	Title
<input type="checkbox"/>	11 Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/>	21 Mining
<input type="checkbox"/>	22 Utilities
<input checked="" type="checkbox"/>	23 Construction
<input type="checkbox"/>	31-33 Manufacturing
<input type="checkbox"/>	42 Wholesale Trade
<input type="checkbox"/>	44-45 Retail Trade
<input type="checkbox"/>	48-49 Transportation & Warehousing
<input type="checkbox"/>	51 Information
<input type="checkbox"/>	52 Finance & Insurance
<input type="checkbox"/>	53 Real Estate Rental & Leasing
<input type="checkbox"/>	54 Professional, Scientific & Technical Services
<input type="checkbox"/>	55 Management of Companies & Enterprises
<input type="checkbox"/>	56 Administration, Support, Waste Management, Remediation Services
<input type="checkbox"/>	61 Educational Services
<input type="checkbox"/>	62 Health Care & Social Assistance
<input type="checkbox"/>	71 Arts, Entertainment & Recreation
<input type="checkbox"/>	72 Accommodation & Food Services
<input type="checkbox"/>	81 Other Services
<input type="checkbox"/>	92 Public Administration

Please provide your full 6 digit NAICS code:

If you do not know your NAICS code, please visit www.naics.com for more information.

Brief Description of Business

(Attach Additional Sheet if Necessary)

We do Asphalt Concrete work
both Commercial and Residential
Snow plowing / Restripe; Sealcoat
retaining walls.

Business #49,49

BUSINESS DETAILS

Total Square Footage of Business: 808 sq ft

Date of Occupancy: February 1st, 2017

Days of Operation: (check all that apply)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours of Operation: 7:30 am to 3:00 pm

Number of Employees: 5

Number of Parking Spaces: 2 to 5

Is this a multi-tenant building? Yes No

Business License Fees

Fee Types	Quantity	Cost	Amount
Total Square Footage:	<u>808 sq ft</u>	See fee schedule attached	\$ <u>a month</u> Rent <u>740.00</u>
Total Number of Catering Trucks:	<u>1</u>	@ \$100	\$
Total Number of Vending Machines:	<u>1</u>	@ \$75	\$
Total Number of Coin Operated Jukeboxes/Video Games:	<u>1</u>	@ \$75	\$
Over the Counter Tobacco Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	@ \$50	\$
TOTAL			\$

Statement of Applicant:

Under penalty of perjury, I certify that all of the above statements are true, complete, and accurate.

Print Name: Salvador Arriego

Signature: _____

Date: 1-26-2017

OFFICE USE ONLY			
Department	Approved	Denied	Initials
Zoning	<u>03.09.17</u>		<u>SA</u>
Inspectional Services	<u>3.13.17</u>		<u>S</u>

No outdoor Storage

Acct 3671

Lic 5313

Bill 18707

Insp 65419



39126

Application For Business License

Business or Organization's Legal Name APC Asphalt Paving Co

Business Address 205 W Grand Ave Unit/Suite 109

City/State/Zip Code Bensenville IL 60106

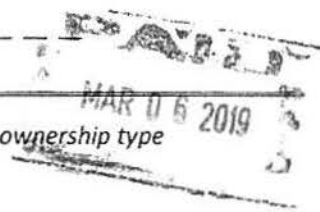
Business Phone 630-402-1639 Email apcasphaltpaving@gmail.com Fax _____

Billing Address (If Different) _____ Unit/Suite _____

City/State/Zip Code _____

Federal Employer Identification Number (FEIN):

Will the Business generate sales tax? YES NO If yes, State Sales Tax (IBT) #: _____



BUSINESS OWNERSHIP TYPE AND CONTACT INFORMATION - Select the option that defines the ownership type

- If Sole Proprietorship, list information for the sole owner/operator below:
- If Partnership, list information for all Managing Partners below (Attach additional sheet if necessary):
- If Corporation, list information for the President and Chief Financial Officer below:

First Name: Salvador Last Name: Arreguin Jr

Address City/State/Zip Code

Phone Email apcasphaltpaving@gmail.com

First Name: _____ Last Name: _____

Address _____ City/State/Zip Code _____

Phone _____ Email _____

PROPERTY OWNER INFORMATION AND CONTACT

First Name: Salvador Last Name: Arreguin Jr.

Address City/State/Zip Code

Phone Email apcasphaltpaving@gmail.com

LOCAL KEYHOLDER/EMERGENCY CONTACTS (Please list in order of best contact):



Order	Name	Title	Phone Number
1.	<u>Cindy Renteria</u>	<u>Manager</u>	
2.	<u>Salvador Arreguin</u>	<u>Owner</u>	
3.			

Name of Fire Alarm Company _____ Phone _____

Is this building sprinkled? YES NO



BUSINESS CLASSIFICATION

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)
(Check only one)

Code	Title
<input type="checkbox"/>	11 Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/>	21 Mining
<input type="checkbox"/>	22 Utilities
<input checked="" type="checkbox"/>	23 Construction
<input type="checkbox"/>	31-33 Manufacturing
<input type="checkbox"/>	42 Wholesale Trade
<input type="checkbox"/>	44-45 Retail Trade
<input type="checkbox"/>	48-49 Transportation & Warehousing
<input type="checkbox"/>	51 Information
<input type="checkbox"/>	52 Finance & Insurance
<input type="checkbox"/>	53 Real Estate Rental & Leasing
<input type="checkbox"/>	54 Professional, Scientific & Technical Services
<input type="checkbox"/>	55 Management of Companies & Enterprises
<input type="checkbox"/>	56 Administration, Support, Waste Management, Remediation Services
<input type="checkbox"/>	61 Educational Services
<input type="checkbox"/>	62 Health Care & Social Assistance
<input type="checkbox"/>	71 Arts, Entertainment & Recreation
<input type="checkbox"/>	72 Accommodation & Food Services
<input type="checkbox"/>	81 Other Services
<input type="checkbox"/>	92 Public Administration

Please provide your full 6 digit NAICS code:

If you do not know your NAICS code, please visit www.naics.com for more information.

Brief Description of Business
(Attach Additional Sheet if Necessary)

ARC Asphalt is a asphalt company
205 W Grand Ave is our
Main office.

BUSINESS DETAILS

Total Square Footage of Business: _____

Date of Occupancy: _____

Days of Operation: (check all that apply)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours of Operation: 8:00 am to 3:00 pm

Number of Employees: 3

Number of Parking Spaces: 3

Is this a multi-tenant building? Yes No

Business License Fees

Fee Types	Quantity	Cost	Amount
Total Square Footage:		See fee schedule attached	\$ 100.00
Total Number of Catering Trucks:	—	@ \$100	\$
Total Number of Vending Machines:	—	@ \$75	\$
Total Number of Coin Operated Jukeboxes/Video Games:	—	@ \$75	\$
Over the Counter Tobacco Sales	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	@ \$50	\$
TOTAL			\$

Statement of Applicant:

Under penalty of perjury, I certify that all of the above statements are true, complete, and accurate.

Print Name: Salvador Arreguin Jr.

Signature: [Handwritten Signature]

Date: 2-5-2019

OFFICE USE ONLY			
Department	Approved	Denied	Initials
Zoning*	2/14/19		SWiger
Inspectional Services	2.20.19		[Signature]

*OFFICE USE ONLY. NO TRUCK OR EQUIPMENT ON SITE - 5/1