



12 South Center Street
Bensenville, IL 60106

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

VILLAGE BOARD

May 19, 2022

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Mr. Troy Golden
55640 Ridgeview Lane
Naperville, Illinois 60540

Re: May 12, 2022 FOIA Request

Dear Mr. Golden:

I am pleased to help you with your May 12 2022 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on May 12, 2022. You requested copies of the items indicated below:

"There is construction work being done at 18-30 N York Rd, Bensenville in Suite 30 for the tenant James Stoltman. Please send me any information you can about the permits pulled for this construction and for the business license of James Stoltman at Suite 30."

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

- 1) Village of Bensenville Permit Application No. 11664. (1 pg.)
- 2) Village of Bensenville Permit Application No. 11721. (1 pg.)
- 3) Village of Bensenville Business License Application for Shiny Coin LLC. DBA Ironwood. (2 pgs.)

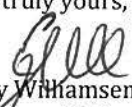
These are all the records found responsive to your request.

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclose. "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 finical 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

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
 12 S. Center St. Bensenville, IL 60106
 Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number
11664

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

30 N. YORK X 03-14-216-009 C-1
 SITE ADDRESS UNIT No. P.I.N. ZONING DISTRICT
DEMO \$ 300.00
 DESCRIPTION OF WORK ESTIMATED COST

Name of Business on Site (non-residential): _____

GENERAL CONTRACTOR: By OWNER CUSTOMER # 43710
 ADDRESS: _____ CITY, STATE & ZIP: _____
 PHONE: _____ E-MAIL: _____
IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The applicant shall be responsible for all fees associated with the instant permit, including but limited to cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

James Stoltman [Signature] 12-3-21
 Applicant's Name (Print) Applicant's Signature Date
[Redacted] [Redacted]
 Address City, State & ZIP Day Time Phone
[Redacted]
 Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

James Stoltman [Signature] 12-3-21
 Property Owner's Name (Print) Property Owner's Signature Date
same same
 Address City, State & ZIP Day Time Phone
 Email Address: _____

OFFICE USE ONLY

| BUILDING INFORMATION | Milestone Dates: | Fees: |
|--|--|--|
| <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Storm-water Permit Required Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> | <u>12-3-21</u> Applied <u>12-3-21</u> Approved <u>12-3-21</u> Issued <u>6-03-22</u> Expires | ESCROW \$ <u>90</u> APPLICATION \$ <u>30</u> PLAN REVIEW \$ _____ INSPECTIONS (X\$35/\$45) \$ <u>45</u> OTHER \$ _____ OTHER \$ _____ |
| RECEIVED DEC 03 2021 By <u>OWNER</u> | APPROVED BY: <u>LC</u> | TOTAL FEES DUE \$ <u>165</u> |

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number
11721

CHECK ONE: RESIDENTIAL MULTI-RESIDENTIAL NON-RESIDENTIAL

30 N. York UNIT No. _____ P.I.N. _____ ZONING DISTRICT C-1
SITE ADDRESS
Add Bathroom / Bar Plumbing ESTIMATED COST \$ 5000.00
DESCRIPTION OF WORK
Name of Business on Site (non-residential): Iron wood

GENERAL CONTRACTOR: KJ Plumbing & Home Improvement PERMIT # 41389
ADDRESS: 2328 N. Leyden CITY, STATE & ZIP: River Grove IL 60171
PHONE: 812.214.6579 E-MAIL: KJPLUMBING84@GMAIL.COM
IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The applicant shall be responsible for all fees associated with the instant permit, including but limited to cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

Applicant's Name (Print) James Spothman [Redacted]
Applicant's Signature [Redacted] Date 1-4-22
Address [Redacted] City, State & ZIP [Redacted] Day Time Phone [Redacted]
Applicant's Email Address _____

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Property Owner's Name (Print) James Spothman [Redacted]
Property Owner's Signature [Redacted] Date 1-6-22
Address [Redacted] City, State & ZIP [Redacted] Day Time Phone [Redacted]
Email Address: [Redacted]

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory
Storm-water Permit Required Yes NO

Milestone Dates:

1-6-22 Applied
2-1-22 Approved
2-2-22 Issued
7-2-22 Expires

Fees:

ESCROW \$ 225.00
APPLICATION \$ 400.00
PLAN REVIEW \$ 455.00
INSPECTIONS (4 x \$45) \$ 180.00
OTHER \$ _____
OTHER \$ _____
TOTAL FEES DUE \$ 1260.00

RECEIVED
JAN 06 2022
By [Signature]

PAID BY: OWNER

APPROVED BY: [Signature]



Aect 4070

#43745

B/L 5687

Bill 23366

Application For Business License

Business or Organization's Legal Name Shiny Coin LLC. dba Ironwood

Insp. 89650

Business Address 30 N. York Unit/Suite _____

City/State/Zip Code Bensenville, IL. 60106

Business Phone 630-595-8321 Email _____ 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: James

Last Name: Stoltman

Address _____

City/State/Zip Code _____

Phone 630-595-8321

Email _____

First Name: _____

Last Name: _____

Address _____

City/State/Zip Code _____

Phone _____

Email _____

PROPERTY OWNER INFORMATION AND CONTACT

First Name: Same as above

Last Name: _____

Address _____

City/State/Zip Code _____

Phone _____

Email _____

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

| Order | Name | Title | Phone Number |
|-------|----------------|-------|--------------|
| 1. | James Stoltman | Owner | _____ |
| 2. | | | |
| 3. | | | |

Name of Fire Alarm Company TBD Phone _____

Is this building sprinkled? YES NO



BUSINESS CLASSIFICATION
AN INDUSTRY CLASSIFICATION SYSTEM (NAICS)
(Check only one)

| Code | Title |
|-------------------------------------|--|
| <input type="checkbox"/> | 11 Agriculture, Forestry, Fishing & Hunting |
| <input checked="" type="checkbox"/> | 21 Mining |
| <input type="checkbox"/> | 22 Utilities |
| <input 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 checked="" 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)

A lounge Bar with golf simulators.

BUSINESS DETAILS

Total Square Footage of Business: 2500

Date of Occupancy: TBD

Days of Operation: (check all that apply)

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

Hours of Operation: TBD

Number of Employees: TBD

Number of Parking Spaces: TBD

Is this a multi-tenant building? Yes No

Business License Fees

| Fee Types | Quantity | Cost | Amount |
|--|---|---------------------------|-----------|
| Total Square Footage: | 2500 | See fee schedule attached | \$ |
| Total Number of Catering Trucks: | 0 | @ \$100 | \$ |
| Total Number of Vending Machines: | 0 | @ \$75 | \$ |
| Total Number of Coin Operated Jukeboxes/Video Games: | 0 | @ \$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: James Stoltman

Signature: 

Date: 12-15-21

| OFFICE USE ONLY | | | |
|-----------------------|----------|--------|----------|
| Department | Approved | Denied | Initials |
| Zoning | | | |
| Inspectional Services | | | |