



## **CACC** Temporary Animal Exhibition Permit Application



Type of Application	Temporary Animal Exhibition Change of location						
Date of Exhibit Entity Information	*PLEASE NOTE THAT THIS PERMIT IS FOR ANIMAL EXHIBITIONS 30 DAYS OR LESS AND APPLICATIONS MUST BE SUMBMITTED AT LEAST 30 DAYS BEFORE THE EXHIBITION						
Type of Business	Sole Proprietor Partnership LLC Corporation Non-Profit Trust Other						
Type of Business							
Legal Name of Business							
The exact "legal name" as it appears in the official business formation documentation.	For Sole Proprietors, this is the full name of the business owner as it appears on the Sole Proprietor's government-issued photo ID.						
"Doing Business As" Name							
The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.	Sole Proprietors or Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office at 50 W. Washington St., East Concourse (Lower) Level - 27, (312) 603-5652, or @ www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.						
∨ A State of Illinois File Number is RI	<b>EQUIRED</b> for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corps.						
State of Illinois File #	Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, (312) 793-3380, or @ www.cyberdriveillinois.com/departments/business_services/						
✓ A Federal Employer Identification I	Number (EIN) is <b>REQUIRED</b> for all business entity types except for Sole Proprietorships.						
Employer Identification #	or (600) 627 4733, or e www.iis.gov/businesses > Employer ib indiffices (Entra)						
∨ An Account ID Number is REQUIRE	ED for ALL business entity types that conduct business in the state of Illinois or with Illinois customers.						
	Assigned by the Illinois Department of Payanus et 100 W. Dandelph Ct. (000)						
(formerly IBT #) <b>IDOR Account ID #</b>	Assigned by the Illinois Department of Revenue at 100 W. Randolph St., (800) 732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration						
PUBLIC WAY Permit # (IF APPLICABLE)	732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration						
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PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and Exhibition Activity List your animals and activities to be offered.	732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration						
PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and Exhibition Activity	T32-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration  Location						
PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and Exhibition Activity List your animals and activities to be offered.  Exhibition Site Address Provide the full business location address where the exhibition and/or activities occur. If applicable, provide the extended address	732-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration						
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PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and Exhibition Activity List your animals and activities to be offered.  Exhibition Site Address  Provide the full business location address where the exhibition and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).	T32-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration						
PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and  Exhibition Activity List your animals and activities to be offered.  Exhibition Site Address  Provide the full business location address where the exhibition and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).  Square footage used by the business:	T32-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration    Street Number(s)   N/S/E/W   Street Name   Ave./St.   Ste./Apt. # Floor #   City   State   ZIP Code						
PUBLIC WAY Permit # (IF APPLICABLE)  Exhibition Activity and Exhibition Activity List your animals and activities to be offered.  Exhibition Site Address Provide the full business location address where the exhibition and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).  Square footage used by the business:  Primary Veterinarian  Emergency Contact	T32-8866, or @ http://tax.illinois.gov/Businesses/index.htm > Business Registration    Street Number(s)						
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## **Owner and Officer Information**

- o Sole Proprietors are required to provide information about the Individual who owns the business.
- o Partnerships & Limited Partnerships are required to provide information about all the Partners of the organization.
- o Limited Liability Companies are required to provide information about the organization's Members, and any other shareholder(s) with a major beneficial interest.
- o Corporations are required to provide information about the organization's President, Secretary, and any other shareholder(s) with a beneficial interest.
- o Non-Profit Corporations are required to provide information about the organization's President and Secretary.

Proof of identification may be required to complete the <u>actual</u> application.									
Ownership % Title									
□ Sole Proprietor □ Partner □ President □ Managing Member □ Other:									
First Name	Middle Name				Last Name				
r ii ot rtailie	First Name		illiadic Hame		Last Name				
							T		
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code		
Home Phone		Social Security Number	Date of Birth	'	Email Address				
( )			/	/					
	l <b></b>								
Ownership %	Title								
	□ Secretary	/ ☐ Partner ☐ Managing M	ember 🗆 Oti	ner:					
First Name			Middle Name		Last Name				
Current Reside	ential Address		I.	Suite/Apt. #	City	State	ZIP Code		
Hama Dhana		Casial Cassurity Normalism	Data of Direth		Frank Address				
Home Phone		Social Security Number	Date of Birth	/	Email Address				
( )			/	/					
Ownership %	Title								
	☐ Vice Pres	sident □ Member □ Other:							
First Name			Middle Name		Last Name				
				I =			I		
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code		
Home Phone		Social Security Number	Date of Birth		Email Address				
( )			/	/					
2 1: 0/									
Ownership % Title									
	☐ Treasurer ☐ Member ☐ Other:								
First Name	First Name Middle Nam				Last Name				
Current Reside	ential Address	i		Suite/Apt. #	City	State	ZIP Code		
Home Phone		Social Security Number	Date of Birth		Email Address				
/ \		Social Security Number	/	/	Email Address				
( )			/	/					
Ownership %	Title								
	☐ Sharehol	der □ Other:							
First Name	I .		Middle Name		Last Name				
				0-4-11-11	0.4	01.1	710.0 - 1-		
Current Residential Address			Suite/Apt. #	City	State	ZIP Code			
Home Phone		Social Security Number	Date of Birth		Email Address				
( )			/	/					
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## **EXHIBITION SITE PLAN**

Event:	
Address:	
City, State, Zip Code:	
Owner/Operator:	

