



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.2438
www.bensenville.il.us

VILLAGE BOARD

May 19, 2022

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Mr. Troy Golden
5S640 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.)

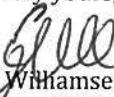
These are all the records found responsive to your request.

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

UNIT No.

P.I.N.

ZONING DISTRICT

SITE ADDRESS

DEMO

DESCRIPTION OF WORK

Name of Business on Site (non-residential):

\$ 300.00

ESTIMATED COST

GENERAL CONTRACTOR: Bx 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 in 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 Sto Hman

Applicant's Signature

12-3-21

Date

Applicant's Name (Print)

Address

City, State & ZIP

Day Time Phone

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 Sto Hman

Property Owner's Signature

12-3-21

Property Owner's Name (Print)

Same

City, State & ZIP

Same

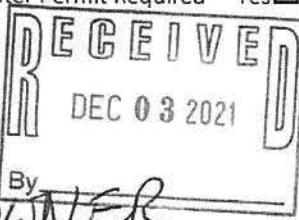
Address

Email Address:

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes No 

PAID BY:

Milestone Dates:

12-3-21 Applied

12-3-21 Approved

12-3-21 Issued

6-03-22 Expires

Fees:

ESCROW \$ 90

APPLICATION \$ 30

PLAN REVIEW \$

INSPECTIONS (1 X \$35/\$45) \$ 45

OTHER \$

OTHER \$

TOTAL FEES DUE \$ 165

APPROVED BY: L.C.

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

C-1

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

Add Bathroom / Ban Plumbing

\$ 5000.00

DESCRIPTION OF WORK

Name of Business on Site (non-residential): Iron Wood

ESTIMATED COST

GENERAL CONTRACTOR: K J Plumbing & Home Improvement Customer # A1389
ADDRESS: 2328 N. Leyden CITY, STATE & ZIP: River Grove IL 60171
PHONE: 872.214.6579 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 in 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 Srothman

1-4-22

Applicant's Name (Print)

Applicant's Signature

Date

Address

City, State & ZIP

Day Time Phone

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 Srothman

1-6-22

Property Owner's Name (Print)

Property Owner's Signature

Date

Address

City, State & ZIP

Day Time Phone

Email Address:

OFFICE USE ONLY

BUILDING INFORMATION

New Construction Addition
 Alteration Accessory

Storm-water Permit Required Yes NO

Milestone Dates:

1-6-22 Applied

Fees:

ESCROW \$ 225.00

2-1-22 Approved

APPLICATION \$ 400.00

2-2-22 Issued

PLAN REVIEW \$ 455.00

7-2-22 Expires

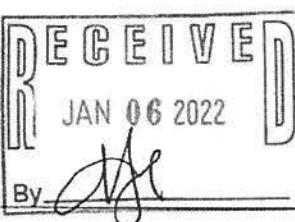
INSPECTIONS (4 x \$45 / \$45) \$ 180.00

OTHER \$ _____

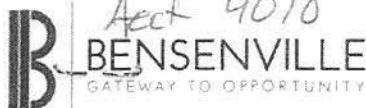
OTHER \$ _____

TOTAL FEES DUE \$ 1260.00

PAID BY: OWNER



APPROVED BY: JL



Act 4070

BENSENVILLE
GATEWAY TO OPPORTUNITY

#43745

B/L 5687 Bill 23366
Application For Business License

Insp. 89650

Business or Organization's Legal Name Shiny Coin LLC. dba IronwoodBusiness Address 30 N. York

Unit/Suite _____

City/State/Zip Code Bensenville, IL. 60106Business 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: JamesLast 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 CONTACTFirst 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

U.S. INDUSTRY CLASSIFICATION SYSTEM (NAICS)
(Check only one)

Code	Title
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:

[REDACTED]

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.

[REDACTED]

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			