



CACC Temporary Animal Exhibition Permit Application



Type of Application	Exhibition	Change o	of location					
	*PLEASE NOTE THAT THIS DAYS BEFORE THE EXHIB		AL EXHIBITION	S 30 DAYS OR LES	S AND APPLICATIONS	MUST BE SU	MBMITTED A	T LEAST 30
Date of Exhibit								
Entity Information								
Type of Business	Sole Proprietor	Partnership	LLC	Corporation	Non-Profit	Trust	Other	
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 RE	EQUIRED for all (Illin	nois and Non-Illir	· · · · · · · · · · · · · · · · · · ·		•			
State of Illinois File #					Secretary of State at w.cyberdriveillinois.co			
▼ A Federal Employer Identification N	Number (EIN) is RE	QUIRED for all b	usiness en	tity types exce	pt for Sole Prop	rietorships	S.	
Employer Identification #					Revenue Service at 2 www.irs.gov/businesse			
▼ An Account ID Number is REQUIRE	D for ALL busines	s entity types tha						
(formerly IBT#) IDOR Account ID #					Department of Reven illinois.gov/Businesse			
PUBLIC WAY Permit # (IF APPLICABLE)								
Exhibition Activity and	I Location							
Exhibition Activity								
List your animals and activities to be offered.								
List your ariminals 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	Street Number(s)	N/S/E/W Si	reet Name		Ave./S	3t. S	Ste./Apt. #	Floor#
(e.g. 100-102 N. Main St.).	City	Si	ate		ZIP Co	ode		
Square footage used by the business:		SQ.	FT.	Amount of emp	oloyees at this s	ite:		
Primary Veterinarian								
Emergency Contact	Name			Ph	one Number			
	First Name						, 	
Contact Phone #				Fax #			· <u> </u>	
Contact E-mail Address								

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 identi	fication may l	pe required to complete the a	ctual application	on.				
Ownership %	Title							
□ Sole Proprietor □ Partner □ President □ Managing Member □ Other:								
First Name	<u> </u>	Middle Name			Last Name	Loct Nama		
i ii st itailie			Wildale Hame		Last Hame			
-								
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code	
Home Phone		Social Security Number	Date of Birth		Email Address			
()			/	/	Linai Addiess			
/ /			,	, , , , , , , , , , , , , , , , , , ,				
Ownership %	Title							
	□ Secretary	/ 🗆 Partner 🗆 Managing M	lember □ Otl	ner:				
First Name		Middle Name		Last Name				
				0 11 14 1 11	0.4	0	71D 0 1	
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code	
Home Phone		Social Security Number	Date of Birth		Email Address			
()			/	/				
Ownership %	Title							
	☐ Vice Pres	sident □ Member □ Other:						
First Name Midd		Middle Name		Last Name	Last Name			
Current Reside	ntial Addross			Suite/Apt. #	City	Stato	ZIP Code	
Current Reside	ential Address			Suite/Apt. #	City	State	ZIF Code	
Home Phone	Home Phone Social Security Number		Date of Birth		Email Address			
()			/	/				
Ownership 9/	Title							
Ownership %	Title	Marshar Othari						
	□ Treasure	r ☐ Member ☐ Other:						
First Name Middle		Middle Name		Last Name				
Current Reside	ential Address		I	Suite/Apt. #	City	State	ZIP Code	
				,				
Home Phone		Social Security Number	Date of Birth	,	Email Address			
()			/	/				
Ownership %	Title							
,		der □ Other:						
First Name		<u> </u>	Middle None		Loot Name			
First Name			Middle Name		Last Name			
Current Residential Address			Suite/Apt. #	City	State	ZIP Code		
Hama Bhana				<u> </u>	Email Address			
Home Phone		Social Security Number	Date of Birth	/	Email Address			
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EXHIBITION SITE PLAN

Event:	
Address:	
City, State, Zip Code:	
Overnor/Operators	

