



VILLAGE PRESIDENT
JEFFERY J. PRUYN

VILLAGE CLERK
JODY A. CONIDI

VILLAGE ADMINISTRATOR
CARIE ANNE ERGO

VILLAGE TRUSTEES
JEFF AIANI
MELISSA CHRISTENSEN
BRENDAN DALY
DINO GAVANES
ELLEN LEAHY
PATRICK POWERS

MEMORANDUM

TO: Carie Anne Ergo, Village Administrator
FROM: Charles Voss, Project Assistant
THROUGH: Kurtis Pozsgay, Community Development Director
DATE: February 11th, 2026
SUBJECT: Zoning Certificates Update

RECOMMENDED MOTION: No action required. For information only.

INTRODUCTION

New Business License applications were received from the following businesses. Village staff have approved Zoning Certificates for the following applications.

BMP USA LLC, 1065 Hawthorn Dr.

The property is zoned OR Office Research District. The leased space is 3,228s.f. of office space, with approximately 6 employees, and 10 parking spaces assigned to the business. The business activities have been described as a sales, marketing, and engineering office. The Itasca Zoning Use Ordinance permits this use per section 9.02.1 *Offices: Business, professional, governmental and medical.*

Hanjin Intermodal America Inc, 500 Park Blvd Ste 185C

The property is zoned ROC Regional Office Center District. The leased space is 1,111s.f. of office space, with approximately 4 employees at the location. The business activities have been described as a logistics management and freight forwarding coordination business. The Itasca Zoning Use Ordinance permits this use per section 10.03.1.a *Executive, administrative, personal service and professional offices.*

TJ Maxx of IL LLC, 2 Pierce Pl Ste 800

The property is zoned ROC Regional Office Center District. The leased space is 15,762s.f. of office space, with approximately 40 employees at the location. The business activities have been described as a regional office space for TJ Maxx. The Itasca Zoning Use Ordinance permits this use per section 10.03.1.a *Executive, administrative, personal services and professional offices.*



Village of Itasca – New Business Application

E-mail Completed Form To: commdev@itasca.com

Please Note: The business name, address, phone, fax, e-mail, website, and description will be listed in the Itasca Online Business Directory.

BUSINESS INFORMATION

Business Name: BMP USA, LLC

Proposed Itasca Address: 1065 HAWTHORN DRIVE, ITASCA, IL 60143

Current Address: 3209 WILKE ROAD, ARLINGTON HEIGHTS, IL 60004

Mailing Address (if different from Proposed Itasca Address): N/A

Parent Company and Address (if applicable): N/A

Phone: [REDACTED] Illinois Business Tax Number: 45-4406593

Email: [REDACTED] Website: www.bmpdoors.us

Does your business collect retail sales tax: Yes No Does your business sell tobacco products: Yes No

Does your business have live entertainment: Yes No

Select a Single Business Category Based on the Principal Business Use at the Local Location				
<input type="checkbox"/> Restaurant/ Bar	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Laboratory/ Testing Facility	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing
<input checked="" type="checkbox"/> Business Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Day Care/ School	<input type="checkbox"/> Lodging

Detailed Description of Business Activities: SALES / MARKETING AND ENGINEERING OFFICE

BUSINESS OWNER / MANAGER INFORMATION

Name: STANLEY PRZYSZLAK

Title: PRODUCT MANAGER

Phone: [REDACTED]

E-mail: [REDACTED]

INVOICE BILLING CONTACT INFORMATION

Name: LAURA ZIMMER

Title: SALES SUPPORT MANAGER

Phone: [REDACTED]

E-mail: [REDACTED]

SITE INFORMATION

Sq. Ft. of Retail Space: 0

Sq. Ft. of Office Space: 3,228

Sq. Ft. of Warehousing / Industrial Space: 0

Sq. Ft. of Other Space: 0

Total Sq. Ft. of Facility: 3.228

Zoning: ORI (Office Research Industrial)

Number of Company Vehicles Parked On-Site: UP TO 10

Number of Vending Machines On-Site: 0

Total # of Parking Spaces Assigned to Your Business: 10

Total # of Employees at Location: 6

Number of Shifts: 1

Number of Employees On-Site During Peak Shift: 5

CO-TENANT INFORMATION (IF APPLICABLE)

Will you be a Co-Tenant with another company at the proposed Itasca location? Yes _____ No

If yes, please provide the name and phone number of each company. Please attach additional sheets if necessary.

<u>Business Name</u>	<u>Use</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____

OTHER ITASCA SITES (IF APPLICABLE)

Do you occupy more than one location in Itasca? Yes _____ No

If yes, please list the other addresses and square footage. Please attach additional sheets if necessary.

<u>Address</u>	<u>Square Feet</u>
1. _____	_____
2. _____	_____

CERTIFICATION

Under the penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete, and the proposed use(s) is/are in full compliance with Section 11.02 of the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com/comdev.

Name: STANLEY PRZYSZLAK Title: PRODUCT MANAGER
 Signature:  Date: 1-19-2020

OFFICE USE ONLY

Fee	Amount Paid	Date	Received By
New Tenant Inspection			
Total Business License			

Licensing Fees	Quantity	Amount
Business License Fee		
Vending License Fee		
Tobacco License Fee		
Live Entertainment License Fee		
Total:		

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	



New Business Application

E-mail Completed Form To: commdev@itasca.com

Please Note: All Information is Required or Application will not be accepted.

BUSINESS INFORMATION

Business Name: Hanjin Intermodal America, Inc.

Proposed Itasca Address: 500 Park Boulevard Suite 185C Itasca, IL. 60143

Mailing Address (if different from Proposed Itasca Address): _____

Parent Company and Address (if applicable): _____

Phone: [REDACTED] Illinois Business Tax Number: 36-3932163

Email: [REDACTED] Website: _____

Does your business collect retail sales tax: Does your business sell tobacco products:

Does your business have live entertainment: Does your business sell food: Does your business sell alcohol:

Select a Single Business Category Based on the Principal Business Use/Activity at the Local Location				
<input type="checkbox"/> Restaurant/ Bar	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Laboratory/ Testing Facility	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing
<input checked="" type="checkbox"/> Business Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Day Care/ School	<input type="checkbox"/> Lodging

Detailed Description of Business Activities: Logistics management, freight forwarding coordination

BUSINESS OWNER / MANAGER INFORMATION

Name: John Rho

Title: Station Manager

Phone: [REDACTED]

E-mail: [REDACTED]

INVOICE BILLING CONTACT INFORMATION

Name: John Rho

Title: Station Manager

Phone: [REDACTED]

E-mail: [REDACTED]

SITE INFORMATION

Sq. Ft. of Retail Space: _____

Sq. Ft. of Office Space: 1,111

Sq. Ft. of Warehousing / Industrial Space: 0

Sq. Ft. of Other Space: 0

Total Sq. Ft. of Facility: 1,111

Number of Company Vehicles Parked On-Site: _____

Total # of Parking Spaces Assigned to Your Business: _____

Total # of Employees at Location: 4

Number of Shifts: _____

Number of Employees On-Site During Peak Shift: _____

BUILDING OWNER INFORMATION

Please provide the Name, E-mail, and Phone Number of the owner of the building.

Name BPRE Itasca Holdings, LP E-mail [REDACTED] Phone Number [REDACTED]

CO-TENANT INFORMATION (IF APPLICABLE)

Will you be a Co-Tenant with another company at the proposed Itasca location? Yes No

If yes, please provide the name and phone number of each company. Please attach additional sheets if necessary.

Business Name Use Phone Number
 1. _____
 2. _____

OTHER ITASCA SITES (IF APPLICABLE)

Do you occupy more than one location in Itasca? Yes No

If yes, please list the other addresses and square footage. Please attach additional sheets if necessary.

Address Square Feet
 1. _____
 2. _____

CERTIFICATION

Under the penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete, and the proposed use(s) is/are in full compliance with Section 11.02 of the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com/comdev.

Name: John Rho Title: Station Manager
 Signature: [REDACTED] Date: 1/26/2026

OFFICE USE ONLY

	Date	By
Application Received		
NTI Scheduled		

Licensing Fees	Amount
Business License Fee	
Vending License Fee	
Tobacco License Fee	
Live Entertainment License Fee	
Total:	

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	
Liquor License	



New Business Application

E-mail Completed Form To: commdev@itasca.com

Please Note: All Information is Required or Application will not be accepted.

BUSINESS INFORMATION

Business Name: TJ Maxx of IL, LLC

Proposed Itasca Address: Two Pierce Place Itasca, IL 60143 United States

Mailing Address (if different from Proposed Itasca Address): PO Box 9358 Framingham MA 01701

Parent Company and Address (if applicable): The TJX Companies, Inc.

Phone: [REDACTED] Illinois Business Tax Number: 28878221

Email: [REDACTED] Website: NA

Does your business collect retail sales tax: Does your business sell tobacco products:

Does your business have live entertainment: Does your business sell food: Does your business sell alcohol:

Select a Single Business Category Based on the Principal Business Use/Activity at the Local Location				
<input type="checkbox"/> Restaurant/ Bar	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Laboratory/ Testing Facility	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing
<input checked="" type="checkbox"/> Business Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Day Care/ School	<input type="checkbox"/> Lodging

Detailed Description of Business Activities: Regional office space

BUSINESS OWNER / MANAGER INFORMATION

Name: The TJX Companies, Inc.

Title: Corporation

Phone: [REDACTED]

E-mail: [REDACTED]

INVOICE BILLING CONTACT INFORMATION

Name: Stephen Rowe

Title: Manager

Phone: [REDACTED]

E-mail: [REDACTED]

SITE INFORMATION

Sq. Ft. of Retail Space: NA

Sq. Ft. of Office Space: 15,762

Sq. Ft. of Warehousing / Industrial Space: NA

Sq. Ft. of Other Space: NA

Total Sq. Ft. of Facility: 15,762

Number of Company Vehicles Parked On-Site: NA

Total # of Parking Spaces Assigned to Your Business: NA

Total # of Employees at Location: 40

Number of Shifts: 1

Number of Employees On-Site During Peak Shift: 40

BUILDING OWNER INFORMATION

Please provide the Name, E-mail, and Phone Number of the owner of the building.

Name 2 Pierce, LLC c/o Sovereign Partners, LLC E-mail [REDACTED] Phone Number [REDACTED]

CO-TENANT INFORMATION (IF APPLICABLE)

Will you be a Co-Tenant with another company at the proposed Itasca location? Yes No

If yes, please provide the name and phone number of each company. Please attach additional sheets if necessary.

Business Name Use Phone Number
1. _____
2. _____

OTHER ITASCA SITES (IF APPLICABLE)

Do you occupy more than one location in Itasca? Yes No

If yes, please list the other addresses and square footage. Please attach additional sheets if necessary.

Address Square Feet
1. _____
2. _____

CERTIFICATION

Under the penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct, and complete, and the proposed use(s) is/are in full compliance with Section 11.02 of the Itasca Zoning Ordinance, a copy of which is available online at www.itasca.com/comdev.

Name: Stephen Rowe Title: Manager
Signature: [REDACTED] Date: _____

OFFICE USE ONLY

	Date	By
Application Received		
NTI Scheduled		

Licensing Fees	Amount
Business License Fee	
Vending License Fee	
Tobacco License Fee	
Live Entertainment License Fee	
Total:	

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	
Liquor License	