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PATRICK POWERS

## **MEMORANDUM**

**TO:** Carie Anne Ergo, Village Administrator  
**FROM:** Charles Voss, Project Assistant  
**THROUGH:** Kurtis Pozsgay, Community Development Director  
**DATE:** February 20<sup>th</sup>, 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.

#### **Area Wide Logistics LLC, 650 E Devon Ave Ste 135**

The property is zoned ROC Regional Office Center District. The leased space is 1,600s.f. with approximately six (6) employees at the location. The business activities have been described as logistics brokerage and dispatch. The Itasca Zoning Use Ordinance permits this use per section 10.03.1.a *Executive, administrative, personal service and professional offices.*

#### **Atacama Management LLC, 1 Pierce Pl Ste 400E**

The property is zoned ROC Regional Office Center District. The leased space is 3,218s.f. of office space, with approximately five (5) employees at the location. The business activities have been described as an asset investment and management business. The Itasca Zoning Use Ordinance permits this use per section 10.03.1.a *Executive, administrative, personal service and professional offices.*





**Village of Itasca**  
**Community Development Department**  
550 W. Irving Park Road, Itasca, IL 60143  
PHONE: 630-773-5568 | E-MAIL: COMMDEV@ITASCA.COM  
[www.itasca.com](http://www.itasca.com)

February 3, 2026

Alessandro Manzella  
**Area Wide Logistics LLC**  
650 E Devon Ave Ste 135  
Itasca, IL 60143

**RE:** Request for Zoning Certificate – Area Wide Logistics LLC

Dear Alessandro,

Please accept this letter in response to the zoning certificate request for the property located at **650 E Devon Ave, Ste 135**, within the Village of Itasca, Illinois. The following zoning review is in accordance with Sec. 14.03 of the Zoning Ordinance.

**ZONING REVIEW**

The property is zoned ROC Regional Office Center District. The New Business Application indicates the leased space is 1,600s.f. of office space and you have 6 employees at your location. We understand you will be operating a logistics brokerage and dispatch business.

*Land Use*

The New Business Application describes the business activities as logistics brokerage and dispatch. The Itasca Zoning Use Ordinance permits this use **per Section 10.03.1.a Executive, administrative, personal service and professional offices.**

*Parking*

**Per Section 12.05.2.j Offices, Business, Professional and Governmental, excluding Medical/Dental. Three (3) parking spaces per each one thousand (1,000) square feet of gross floor area.** Parking is approved for an office building in the ROC district.

**DETERMINATION**

The Zoning Certificate for Area Wide Logistics LLC is **approved subject to these conditions:**

- Compliance with all the terms and conditions of the Itasca Zoning Ordinance and its subsequent amendments.
- Please provide a current Illinois Business Identification number.
- State and Village sales tax reports are completed in a timely fashion.

**NEXT STEPS**

Prior to assuming control of the business and occupancy:

- Obtain all required Itasca and State licenses for the proposed operation of the business. Any required State and Village licenses must be on file with the Village.
- All building and sign permits must have final inspections of approval.

Should you have any further questions please contact the Community Development Department at 630-773-5568.

Sincerely,



Community Development Approval

**ATTACHMENTS**

- New Business License Application
- Aerial of the property





# New Business Application

E-mail Completed Form To: [commdev@itasca.com](mailto:commdev@itasca.com)

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

## BUSINESS INFORMATION

Business Name: Area Wide Logistics LLC

Proposed Itasca Address: 650 E Devon Ave Suite 135 Itasca, IL 60143

Mailing Address (if different from Proposed Itasca Address): \_\_\_\_\_

Parent Company and Address (if applicable): \_\_\_\_\_

Phone: [REDACTED] Illinois Business Tax Number: 27-5203546

Email: [REDACTED] Website: www.areawidelogistics.com

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 Brokerage and Dispatch**

## BUSINESS OWNER / MANAGER INFORMATION

Name: Alessandro Manzella

Title: Owner

Phone: [REDACTED]

E-mail: [REDACTED]

## INVOICE BILLING CONTACT INFORMATION

Name: Ray Varela

Title: Accounting Manager

Phone: [REDACTED]

E-mail: [REDACTED]

## SITE INFORMATION

Sq. Ft. of Retail Space: 0

Sq. Ft. of Office Space: 1600

Sq. Ft. of Warehousing / Industrial Space: 0

Sq. Ft. of Other Space: 0

Total Sq. Ft. of Facility: 0

Number of Company Vehicles Parked On-Site: 0-1

Total # of Parking Spaces Assigned to Your Business: n/a

Total # of Employees at Location: 6

Number of Shifts: 1

Number of Employees On-Site During Peak Shift: 5-6

**BUILDING OWNER INFORMATION**

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

Name David Collingnon 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](http://www.itasca.com/comdev).

Name: Alessandro Manzella Title: Owner  
Signature [REDACTED] Date: 2/3/2026

**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	
<b>Total:</b>	

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



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February 11, 2026

James Piszczek  
**Atacama Management LLC**  
1 Pierce PI Ste 400E  
Itasca, IL 60143

**RE:** Request for Zoning Certificate – Atacama Management LLC

Dear James,

Please accept this letter in response to the zoning certificate request for the property located at **1 Pierce PI, Ste 400E**, within the Village of Itasca, Illinois. The following zoning review is in accordance with Sec. 14.03 of the Zoning Ordinance.

**ZONING REVIEW**

The property is zoned ROC Regional Office Center District. The New Business Application indicates the leased space is 3,218s.f. of office space and you have 5 employees at your location. We understand you will be operating an asset investment and management business.

*Land Use*

The New Business Application describes the business activities as asset investment and management. The Itasca Zoning Use Ordinance permits this use **per Section 10.03.1.a Executive, administrative, personal service and professional offices.**

*Parking*

**Per Section 12.05.2.j Offices, Business, Professional and Governmental, excluding Medical/Dental. Three (3) parking spaces per each one thousand (1,000) square feet of gross floor area.** Parking is approved for an office building in the ROC district.

**DETERMINATION**

The Zoning Certificate for Atacama Management LLC is **approved subject to these conditions:**

- Compliance with all the terms and conditions of the Itasca Zoning Ordinance and its subsequent amendments.
- Please provide a current Illinois Business Identification number.
- State and Village sales tax reports are completed in a timely fashion.

**NEXT STEPS**

Prior to assuming control of the business and occupancy:

- Obtain all required Itasca and State licenses for the proposed operation of the business. Any required State and Village licenses must be on file with the Village.
- All building and sign permits must have final inspections of approval.

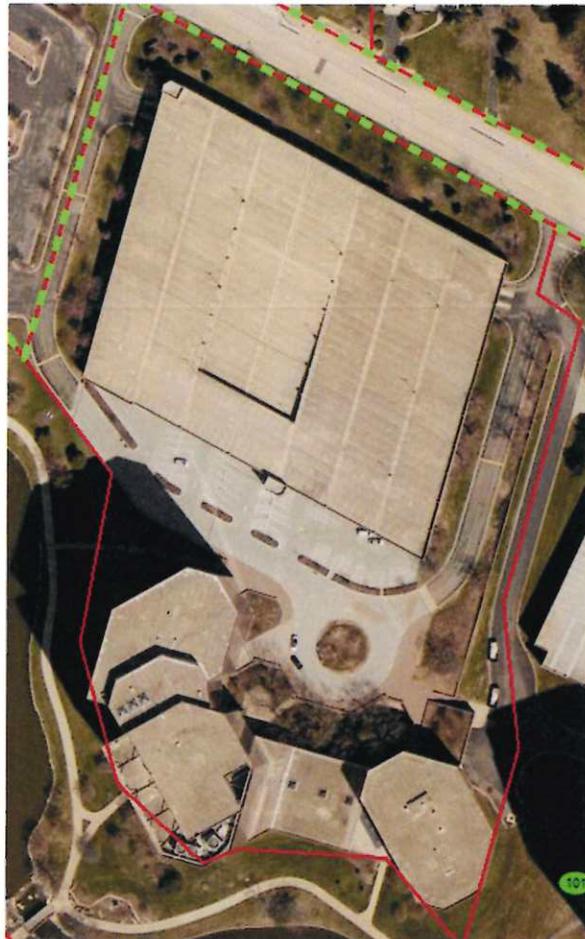
Should you have any further questions please contact the Community Development Department at 630-773-5568.

Sincerely,

  
Community Development Approval

**ATTACHMENTS**

- New Business License Application
- Aerial of the property





# Village of Itasca – New Business Application

E-mail Completed Form To: [commdev@itasca.com](mailto: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: Atacama Management LLC

Proposed Itasca Address: \_\_\_\_\_

Current Address: 1 Pierce Place Suite 400E, Itasca, IL 60143

Mailing Address (if different from Proposed Itasca Address): \_\_\_\_\_

Parent Company and Address (if applicable): \_\_\_\_\_

Phone: [REDACTED] Illinois Business Tax Number: \_\_\_\_\_

Email: [REDACTED] Website: n/a

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: Asset investment and management

## BUSINESS OWNER / MANAGER INFORMATION

Name: James Piszczek

Title: VP of the Company and Head of Family Office

Phone: \_\_\_\_\_

E-mail: [REDACTED]

## INVOICE BILLING CONTACT INFORMATION

Name: \_\_\_\_\_

Title: Accounting Dept.

Phone: \_\_\_\_\_

E-mail: [REDACTED]

## SITE INFORMATION

Sq. Ft. of Retail Space: n/a

Sq. Ft. of Office Space: 3,218

Sq. Ft. of Warehousing / Industrial Space: n/a

Sq. Ft. of Other Space: n/a

Total Sq. Ft. of Facility: n/a

Zoning: n/a

Number of Company Vehicles Parked On-Site: n/a

Number of Vending Machines On-Site: n/a

Total # of Parking Spaces Assigned to Your Business: n/a

Total # of Employees at Location: 5

Number of Shifts: n/a

Number of Employees On-Site During Peak Shift: n/a

**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](http://www.itasca.com/comdev).

Name: James Piszczek Title: VP of the Company and Head of Family Office  
 Signature: [Redacted] Date: 1/6/26

**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		
<b>Total:</b>		

License Number	
Business License	
Vending License	
Tobacco License	
Live Entertainment License	