



## Village of Itasca Community Development Department

550 WEST IRVING PARK RD. ITASCA, IL 60143  
PHONE: 630/773-5568 FAX: 630/773-0852  
e-mail: cstrom@itasca.com  
www.itasca.com

### MEMORANDUM

**TO:** President Jeff Pruyn  
Village Board of Trustees

**RE:** Zoning Certificate Request  
A-1 Insurance Agency  
921 W. Irving Park Road

**FROM:** Kon Savoy, AICP  
Senior Planning Consultant

**VB DATE:** March 19, 2019

**CC:** Jodi Conidi, Village Clerk  
Shannon Malik Jarmusz, Director  
File

**ENCL:** Business License Application

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I recommend approval of the following Zoning Certificate Request:

**Company Name:** A-1 Insurance Agency

**Address:** 921 W. Irving Park Road

**Zoning:** B-3 Service Business District

A-1 Insurance Agency provides financial insurance services. Peter Vicicandi, petitioner, is relocating from an existing location along W. Lake Street in Addison into an existing office tenant space within the Itasca Plaza shopping center. This use would ordinarily require a special use permit, but because it was recently vacated by another insurance office, it is subject to the legal non-conforming provisions of the Zoning Ordinance and therefore, it may be reoccupied by a similar use as long as the new tenant inspection is approved within 6 months of the former tenant vacating the space. The tenant will be occupying 1,100 square feet and parking appears to be adequate for the current tenant mix.

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# Village of Itasca New Business Application

*J. Kelly*

Return completed form with applicable fees to:  
Village of Itasca, Community Development Department  
550 W. Irving Park Road  
Itasca, Illinois 60143  
Phone: 630-773-0835 Fax: 630-773-2505

*10852*

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

### General Information

Application Date: 2-12-19 Move-In Date: 3-1-19 Date you assume(d) control of property through lease or purchase: 2-25-19

Business Name: A1 AMERICAN INSURANCE Agency Inc.

Proposed Itasca Address: 921 W. IRVING PARK RD, ITASCA IL 60143

Current Address: 1000 W. LAKE ST, ADDISON IL 60101

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

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

Phone: 630 543 4373 Fax: 630 543 4396 Illinois Business Tax Number: 261948904

Email: PETE@A1AMERICANINS.COM Website: WWW.A1AMERICANINS.COM

Does your business collect retail sales tax?  Yes  No

Complete Description of Business Activities: INSURANCE

### Owner/Principal/Site Manager Information

Name: PETE VICICONDI

Title: PRESIDENT

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

E-mail: PETE@A1AMERICANINS.COM

### Contact Information (if different from owner/principal/site manager)

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

Title: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

### Site Information

Sq. Ft. of Retail Space: \_\_\_\_\_

Sq. Ft. of Office Space: 1000

Sq. Ft. of Warehousing / Industrial Space: \_\_\_\_\_

Sq. Ft. of Other Space: \_\_\_\_\_

Total Sq. Ft. of Facility: 1000

Zoning: \_\_\_\_\_

Co-tenant Names and Uses (if any): \_\_\_\_\_

Number of Company Vehicles Parked On-Site: 4

Number of Vending Machines On-Site: 0

Total # of Parking Spaces Assigned to Your Business: 0

Total # of Employees at Location: 4

Number of Shifts: 1

Number of Employees On-Site During Peak Shift: 4

**Tenant Information**

Do or will you sub-lease a portion of your space to another company at the proposed Itasca location? Yes \_\_\_\_\_ No X

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

Tenant Name	Use	Phone Number
1. _____	_____	_____
2. _____	_____	_____

**Other Itasca Sites (if applicable)**

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

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

Address	Square Feet
1. _____	_____
2. _____	_____

**Fee Calculator**

Please use the table below to calculate the inspection and licensing fees for your new business. Please note: Additional fees may be required if the facility requires reinspection(s) and/or requests a Temporary Occupancy Certificate.

<b>New Tenant Inspection Fee</b>	1. Using the Fee Table, enter the New Tenant Inspection Fee amount. This fee is payable to the Village of Itasca.	1. <span style="border: 1px solid black; padding: 2px;">\$130</span>
<b>Business License Fee</b>	2. <u>Business License</u> : Using the Fee Table, enter Business License Fee amount.	2. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
	3. <u>Live Entertainment License</u> : If the business will have live entertainment, enter \$40 for an annual single-performer license or \$600 for an annual multiple performer license.	3. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
	4. <u>Tobacco Seller's License</u> : If the business will sell tobacco, enter \$100. Additionally, complete and submit a Tobacco's Seller's License Application form.	4. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
	5. <u>Vending Machine License</u> : If the facility will have vending machines onsite, enter \$25 per machine.	5. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
	6. <u>Add lines 2 through 5</u> . This is your <b>Total Business License Fee</b> . This fee is payable to the Village of Itasca.	6. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

**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: *[Signature]* Title: PRESIDENT  
 Signature: *[Signature]* Date: 3-1-19

**OFFICE USE ONLY**

Fee	Amount Paid	Date	Received By
New Tenant Inspection	\$130 CK 4017	3-5-19	<i>[Signature]</i>
Total Business License			