

# County Board – Meeting Handouts

July 21, 2016

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X. Racial Justice Task Force Presentation - Handout

XII. New Business

B. Policy, Personnel, & Appointments

3. Signed Signature Page from Democratic Party Chair Approving Election Judges Listing – Resolution No. 9667

9. Environment & Land Use

- I. Revised Application - Recreation & Entertainment License: Maria Guadalupe Flores Rojas d.b.a El Dorado Corp. for Mexican dancing and rodeo at the Champaign County Fair Association Fairgrounds, 1302 North Coler Avenue, Urbana IL, August 13 – August 14, 2016.

**Champaign County Racial Justice Task Force**  
**July 2016 Update to County Board**

**Mission**

The Champaign County Racial Justice Task Force seeks to address causes and impact of racial disparities in the jail population and in the criminal justice system more broadly. It will report findings and a list of recommendations to the County Board and community. It is committed to working with all members of the public.

**Presentations & data**

- Champaign County Community Justice Task Force
- Build Programs Not Jails
- Champaign Community Coalition Fresh Start Initiative
- Court Watch
- Champaign-Urbana Citizens for Peace and Justice
- Urbana Traffic Stop Data Task Force

**Community forums**

- 2 events held- one at the Church of Living God in Champaign and the other at the IMC in Urbana
- Total participation = approximately 75 people
- Small group format with questions related to personal experiences and recommendations for change
- Feedback for recommendations was organized based on topic and there was a word count analysis completed.
- Personal stories- highlights from stories include:
  - Experiences of "driving while black"
  - Lack of diversity on juries/in court proceedings
  - Mistreatment of kids & parents in the school environment that is very different than white families
- Highest word counts include:

Police	Schools	Public Defender
Driver's License	Health (mental/behavioral)	Employment
Education	Bail/Bond	Drugs

- Most discussed topics include:
  - Police practices
  - Legal process (i.e. pretrial, bail/bond, trial, charging, etc)
  - Schools/Education
  - Mental/Behavioral Health
  - Community awareness/outreach

**Working groups- beginning to create**

Priorities for all groups:

- Related to racial disparities connected to the Justice System
- Vision for larger culture shift
- Alignment with the Mission statement
- Include community members and focus on existing community data/resources/programs/etc.
- Focus on all minority groups

Groups may include:

- Youth- Juvenile Justice & School issues
- Legal process
- Police practices
- Education & Employment
- Restorative Justice/Practices
- Community engagement
- Justice system involvement
- Mental Health/Behavioral Health

### **Moving forward**

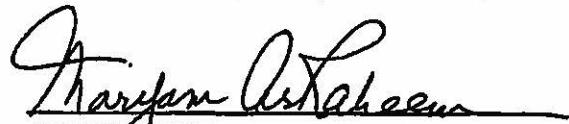
- RJTF will continue to hear from organizations/experts in the community to learn more about the issues, possible solutions and existing resources
- Small groups will work on their topics and present findings and propose direction/next steps for RJTF
- Action items will likely be a part of RJTF efforts in addition to a report & recommendations
- Funds will be needed to support the work. After small groups are formed and their direction/goals are outlined, the RJTF will request funds from the County Board, Mental Health Board and the cities of Champaign & Urbana as appropriate.
- RJTF will provide another update to the county board in a few months

Attached is the list of regular and alternate election judges for your party in each precinct in Champaign County. Please review the list and make any changes, deletions, or additions in the space provided, sign the certification, and return it to our office. At the July County Board meeting, the list of judges will be approved by the Board, submitted to the court with an opportunity for comment, and finally approved by the court.

While this is the official list of judges, changes to the list happen regularly over the next two years, especially in preparation for each election.

**CERTIFICATION**

The list of judges below, as corrected, deleted, and added to, is complete list of judges to be certified by the Champaign County Circuit Court for the Democratic Party.

  
 Democratic Party Chairman

**Ayers**

**Broadlands Fire Station -102 State Street Broadlands, IL 61818**

2 Regular Judges for Democratic Party should be assigned

Last Trained      Last Worked

**Regular**

D	74 BLOCK	MARILYN	308 S LINCOLN ST	10/03/2014	2014 General	0101
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*Changes,  
Additions,  
Deletions*

**Brown Fisher & Brown Foosland**

**Fisher Community Building -100 E School St. Fisher, IL 61843**

2 Regular Judges for Democratic Party should be assigned

Last Trained      Last Worked

**Regular**

D	183477 CAMPOS	BERNADETTE	3471 COUNTY RD 500E	02/12/2016	2016 Primary	0202
D	273158 SULLIVAN	SANDRA	4 HEISER DR	10/24/2012	2012 General	0201

**Alternate**

D	393754 WEBB	PATRICIA	304 E SANGAMON ST	11/01/2012	2014 General	0201
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*Changes,  
Additions,  
Deletions*



STATE OF ILLINOIS  
Champaign County  
Application for:  
Recreation & Entertainment License

Applications for License under County Ordinance No. 55 Regulating Recreational & Other Businesses within the County (for use by businesses covered by this Ordinance other than Massage Parlors and similar enterprises)

For Office Use Only

License No. 2016-ENT 36  
Date(s) of Event(s) Aug 13-14, 2016  
Business Name: El Dorado Corp  
License Fee: \$ 20.00  
Filing Fee: \$ 4.00  
TOTAL FEE: \$ 24.00  
Checker's Signature: \_\_\_\_\_

**FILED**

Filing Fees: Per Year (or fraction thereof): \$ 100.00  
Per Single-day Event: \$ 10.00  
Clerk's Filing Fee: \$ 4.00

JUN 28 2016

*Gordy Hulten*  
CHAMPAIGN COUNTY CLERK

Checks Must Be Made Payable To: Gordy Hulten, Champaign County Clerk

The undersigned individual, partnership, or corporation hereby makes application for the issuance of a license to engage a business controlled under County Ordinance No. 55 and makes the following statements under oath:

- A.
1. Name of Business: El Dorado Corp
  2. Location of Business for which application is made: 921 W Beardley Ave  
Champaign IL 61821
  3. Business address of Business for which application is made: \_\_\_\_\_
  4. Zoning Classification of Property: \_\_\_\_\_
  5. Date the Business covered by Ordinance No. 55 began at this location: \_\_\_\_\_
  6. Nature of Business normally conducted at this location: \_\_\_\_\_
  7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): Dance of Codes
  8. Term for which License is sought (specifically beginning & ending dates): August 13-14  
4:00 p.m. to 2am  
(NOTE: All annual licenses expire on December 31st of each year)
  9. Do you own the building or property for which this license is sought? NO
  10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: Champaign County Fairgrounds  
1302 N Calver Ave Urbana IL 61801
  11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

217-344-2668

**INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE  
AND WILL BE RETURNED TO APPLICANT**

Recreation & Entertainment License Application  
Page Two

- B. If this business will be conducted by a person other than the applicant, give the following information about person employed by applicant as manager, agent or locally responsible party of the business in the designated location:

Name: Diana Alvarado Date of Birth: \_\_\_\_\_  
Place of Birth: Mexico Social Security No.: \_\_\_\_\_  
Residence Address: 920 W Beardsley Ave Champaign IL 61821  
Citizenship: \_\_\_\_\_ If naturalized, place and date of naturalization: \_\_\_\_\_

If, during the license period, a new manager or agent is hired to conduct this business, the applicant MUST furnish the County the above information for the new manager or agent within ten (10) days.

Information requested in the following questions must be supplied by the applicant, if an individual, or by all members who share in profits of a partnership, if the applicant is a partnership.

If the applicant is a corporation, all the information required under Section D must be supplied for the corporation and for each officer.

Additional forms containing the questions may be obtained from the County Clerk, if necessary, for attachment to this application form.

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
If naturalized, state place and date of naturalization: \_\_\_\_\_
2. Residential Addresses for the past three (3) years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EACH OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF NEEDED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.

- D. Answer only if applicant is a Corporation:

1. Name of Corporation exactly as shown in articles of incorporation and as registered:  
El Dorado Corp
2. Date of Incorporation: May 14 2015 State wherein incorporated: IL

Recreation & Entertainment License Application  
Page Three

3. If foreign Corporation, give name and address of resident agent in Illinois:

\_\_\_\_\_

Give first date qualified to do business in Illinois: \_\_\_\_\_

4. Business address of Corporation in Illinois as stated in Certificate of Incorporation:

\_\_\_\_\_

5. Objects of Corporation, as set forth in charter: \_\_\_\_\_

6. Names of all Officers of the Corporation and other information as listed:

Name of Officer: María Evangelina Flores Rojas Title: Owner / President

Date elected or appointed: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Mexico

Citizenship: \_\_\_\_\_

If naturalized, place and date of naturalization: \_\_\_\_\_

Residential Addresses for past three (3) years: 920 W Beardsley Ave Chicago  
IL 60621

Business, occupation, or employment for four (4) years preceding date of application for this license: She, home owner, last supervisor and El Dorado Corp. President

7. A site plan (with dimensions) must accompany this application. It must show the location of all buildings, outdoor areas to be used for various purposes and parking spaces.

**AFFIDAVIT**  
(Complete when applicant is an Individual or Partnership)

I/We swear that I/we have read the application and that all matters stated thereunder are true and correct, are made upon my/our personal knowledge and information and are made for the purpose of inducing the County of Champaign to issue the permit hereunder applied for.

I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

\_\_\_\_\_  
Signature of Owner or of one of two members of Partnership

\_\_\_\_\_  
Signature of Owner or of one of two members of Partnership

\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

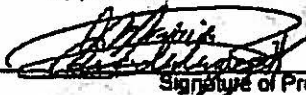
\_\_\_\_\_  
Notary Public

**AFFIDAVIT**  
(Complete when applicant is a Corporation)

We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose of inducing the County of Champaign to issue the license herein applied for.

We further swear that the applicant will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of applicant's place of business.

We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

  
\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this 28<sup>th</sup> day of June, 2016.



  
\_\_\_\_\_  
Notary Public

This COMPLETED application along with the appropriate amount of cash, or certified check made payable to GORDY HULTEN, CHAMPAIGN COUNTY CLERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St., Urbana, Illinois 61802. A \$4.00 Filing Fee should be included.





# CERTIFICATE OF LIABILITY INSURANCE

JARP-1 OP ID: K5

DATE (MM/DD/YYYY)

04/08/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Snyder Insurance/Champaign 2000 Village Center Place Champaign, IL 61822 Keriberry D. Strubbing	CONTACT PHONE: <b>Special Program Business</b>
	PHONE: <b>217-631-9000</b> FAX: <b>217-351-7854</b> EMAIL: <b>kfm.strubbing@insurewithsnyder.com</b>
INSURED <b>EJ Dorado Corp</b> <b>María Flores Rojas</b> <b>820 W Beardslay</b> <b>Champaign, IL 61821</b>	INSURANCE AFFORDED COVERAGE
	INSURER A: <b>West Bend Mutual</b> RAC # <b>18350</b>
	INSURER B: <b>Specialty Risk of America</b>
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASS	TYPE OF INSURANCE	ADD. COV. (SEE PAGE 2)	POLICY NUMBER	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	A13988400	04/04/2016	04/04/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (All structures) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & FAMILY LIABILITY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP ACC \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COVERED BODILY INJURY \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COV. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Necessary in IL) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS:					PER MONTH \$ PER YEAR \$ ALL DISEASE - ALL EMPLOYEES \$ ALL DISEASE - POLICY UNIT \$
B	Liquor Liability		1029161894	04/04/2016	04/04/2017	Ea. Cause 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Champaign County Fair Assoc. is additional insured.

Location of Event: 1302 N. Coler Avenue, Urbana, IL 61801

**CERTIFICATE HOLDER****CANCELLATION**

Champaign County Fair Assoc.  
1302 N. Coler Avenue  
Urbana, IL 61801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED BY ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Keriberry D. Strubbing*

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STATE OF ILLINOIS,  
Champaign County  
Recreation & Entertainment License  
Check List and Approval Sheet

**FOR ELUC USE ONLY**

County Clerk's Office

1. Proper Application Date Received: 6-28-16
2. Fee Amount Received: 24.00

Sheriff's Department

1. Police Record Approval: [Signature] Date: 6/20/16
2. Credit Check Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_
- Remarks: \_\_\_\_\_ Signature: [Signature]

Planning & Zoning Department

1. Proper Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_
2. Restrictions or Violations Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_
- Remarks: \_\_\_\_\_ Signature: \_\_\_\_\_

Environment & Land Use Committee

1. Application Complete Approval: \_\_\_\_\_ Date: \_\_\_\_\_
2. Requirements Met Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature: \_\_\_\_\_

Remarks and/or Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**STATE OF ILLINOIS  
COUNTY OF CHAMPAIGN**

**ENTERTAINMENT, RECREATION,  
LODGING OF TRANSIENTS AND RACEWAYS LICENSE**

**No. 2016 ENT-36**

**El Dorado Corp.**

**License is hereby granted to El Dorado Corp. to provide Recreation & Entertainment located at 1302 N. Coler Ave., Urbana, IL 61862. This License expires on the 15th day of August, 2016 at 12:01am.**

**Witness my Hand and Seal this 8th day of August, A.D. 2016.**

\_\_\_\_\_  
**Chairman, Champaign County License Commission**

\_\_\_\_\_  
**Gordy Hulten, Champaign County Clerk**