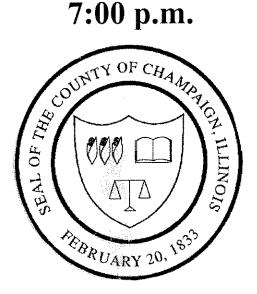
ENVIRONMENT & LAND USE COMMITTEE ADDENDUM TO AGENDA

November 13, 2006

7:00 p.m.



Lyle Shields Meeting Room, **Brookens Administrative Center** 1776 East Washington, Urbana, II. 61802-4581 (217)384-3708

ADDENDUM TO AGENDA

Champaign County Environment	Date:	<i>November 13, 2006</i>
& Land Use Committee	Time:	7:00 p.m.
Members:	Place:	Lyle Shields Meeting Room Brookens Administrative Center
Jan Anderson, Chris Doenitz, Tony Fabri, Nancy Greenwalt (VC), Kevin Hunt, Ralph Langenheim (C),		1776 E. Washington St. Urbana, Illinois
Brendan McGinty, Steve Moser, Jon Schroeder	Phone:	(217) 384-3708

AGENDA Old Business shown in Italics

A1.	Recreation and Entertainment License: Honey Bee Productions, Inc. d.b.a. Malibu Bay Lounge, 3106 N Cunningham AV, Urbana, IL January 1, 2007 through December 31, 2007.	A1 thru A8
A2.	Recreation and Entertainment License: Elmer's Club 45 Inc, d.b.a. Club 45 Banquet Hall, 3515 N Cunningham, Urbana, IL January 1, 2007 through December 31, 2007.	A9 thru A14
A3.	Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. The Pink House, 2698 CR 1600N, Ogden, IL November 1, 2006 through December 31, 2006.	A15 thru A22
A4.	Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. The Pink House, 2698 CR 1600N, Ogden, IL January 1, 2007 through December 31, 2007.	A23 thru A30
A5.	Recreation and Entertainment License: Tincup RV Park, Inc, 1715 E. Tincup Rd, Mahomet, IL January 01, 2007 through December 31, 2007.	A31 thru A36
A6.	Recreation and Entertainment License: Curtis Orchard, 3902 S Duncan Rd, Champaign, IL January 01, 2007 through December 31, 2007.	A37 thru A45
А7.	Recreation and Entertainment License: Hideaway of the Woods Grill and Bar, 809 S Prairieview Rd, Mahomet, IL January 01, 2007 through December 31, 2007.	A46 thru A54
A8.	Recreation and Entertainment License: Uncle Buck's Sports Bar, Inc, 215 S Lake of Woods Rd, Mahomet, IL, January 01, 2007 through December 31, 2007.	A55 thru A64
А9.	Recreation and Entertainment License: Last Call for Alcohol, Inc, 105 Main St, Penfield, IL January 01, 2007 through December 31, 2007.	A65 thru A72

ENVIRONMENT AND LAND USE COMMITTEE NOVEMBER 13, 2006 PAGE 2

	PAGE 2	
A10.	Recreation and Entertainment License: The Oasis of Penfield, Inc, 2705 CR 3000N, Penfield, IL January 01, 2007 through December 31, 2007.	A73 thru A78
A11.	Recreation and Entertainment License: rock the shed, inc, a non-profit corporation, 556 CR 2425N, Dewey, IL November 01, 2006 through December 31, 2006.	A79 thru A91
A12.	Recreation and Entertainment License: rock the shed, inc, a non-profit corporation, 556 CR 2425N, Dewey, IL January 01, 2007 through December 31, 2007.	A92 thru A104
A13.	Recreation and Entertainment License: Alto Vineyards, 4210 N Duncan Rd, Champaign, IL January 01, 2007 through December 31, 2007.	A105 thru A113
A14.	Hotel/Motel License: Ravi-Yash, Inc, d.b.a. Travelers Stay Inn, 1906 N. Cunningham Av, Urbana, IL January 01, 2007 through December 31, 2007.	A114 thru A115



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STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, No. 2007-ENT-05 LODGING OF TRANSIENTS, AND RACEWAYS LICENSE \$100.00

NOT TRANSFERABLE

HONEY BEE PRODUCTIONS INC

License is hereby granted to **Isaac Mapson/Tammy Carter** 1791 Independence, Urbana IL, to provide Entertainment/Recreation at 3106 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Ordinand Other Bu by busine	STATE OF ILLINOIS, Champaign County Application for: Recreation & Entert ons for License under Co the No. 55 Regulating Re- sinesses within the Co esses covered by this O sage Parlors and similar	County ecreational & unty (for use ordinance other	License No Date(s) of Event(s)	ffice Use Only <u>2007-ENT-05</u> <u>JAN. 1 THRU DEC. 31, 2007</u> <u>NEY BEE PRODUCTIONS INC.</u> <u>100.00</u> <u>4.00</u> <u>104.09</u> <u>///</u>
Filing Fe	Per Sing	ar (or fraction thereof): gle-day Event: Filing Fee:	\$ 100.00 \$ 10.00 \$ 4.00	

Checks Must Be Made Payable To: Mark Shelden, 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:

- Name of Business: HOARER BEE PRODUCTION. INC DAY MAILAN BAY LOUNGE 1. Α.
 - Location of Business for which application is made: 2. 310/2 N. CUNNINGHAM AVE URBANA
 - Business address of Business for which application is made: 3. 1.0. BOX 1005 URBANA IL 161903
 - Zoning Classification of Property: 13-4 8.16 4.
 - Date the Business covered by Ordinance No. 55 began at this location: 1991 5.
 - Nature of Business normally conducted at this location: PAR ITAVERN 6.
 - Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): BANTS, DJ'S, DANCING, MUSICFESTIVALS, FUNDRAIST
 - Term for which License is sought (specifically beginning & ending dates): 8. JAN 1,07-DEC, 31,07
 - (NOTE: All annual licenses expire on December 31st of each year)
 - Do you own the building or property for which this license is sought? YES 9.
 - If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires:
 - If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this 11. application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

INCOMPLETE FORMS WILL NO AND WILL BE RETU

NSIDERED FOR A LICENSE) 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: NORDTHY HINDS	Date of Birth:	·
Place of Birth: MEMPHIS TN	Social Security No.:	
Residence Address: 1791 INDEPEN.	DENCE URBANA IL 6180	2
Citizenship: If natu	ralized, 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:	
Residential Addresses for the past t	hree (3) years:	· · · · · · · · · · · · · · · · · · ·

 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:

2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered: HONEYBEE PRESSECTION, INC
- 2. Date of Incorporation: <u>/99/____</u>



Recreation & Entertainment License Application Page Three

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

N/A

	address of Corporation in Illinois as stated in Certific	
3106 1	V. CUNNINGHAM AVE	
IRBAN	A IL 61862	
Dbjects of	Corporation, as set forth in charter: <u>NIGATCUC</u>	<u>B</u>
lames of a	all Officers of the Corporation and other information	as listed:
lame of C	fficer: XAROTHY HIMAC Title:	SECRETARY
ate electe	ed or appointed: <u>1991</u> Social Secu	irity No.:
ate of Bir	th: Place of Birth: Mc	MPHIS TN
naturaliz	ed, place and date of naturalization:	
esidentia	Addresses for past three (3) years:	
791 II	NDEPENDENCE AVE / URBANA JL	61802
		······

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
day of	, 20
No	otary 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	De	er e Thy	Signature of Secretary
		GECRE	TARH Signature of Manager or Agent
Subscribed and SUDIFIAD BEADre me this	3	_day of	November , 20 c6.
Notary Public, State of Illinois My commission expires 09/24/09		Sa	ndy OH Notary Public
This <u>COMPLETED</u> application along with			t of cash, or certified check



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:	
		2.	Fee	Amount Received:	
			Sheriff's	Department	
		1.	Police Record	Approval:	_ Date:
		2.	Credit Check	Disapproval:	Date:
	÷	Rema	ırks:	Signature:	
		<u></u>			
			Planning & Zo	ning Department	
		1.	Proper Zoning	Approval:	Date:
]		2.	Restrictions or Violations	Disapproval:	Date:
		Rema	rks:	Signature:	
			Environment & La	and Use Committee	
		1.	Application Complete	Approval:	Date:
		2.	Requirements Met	Disapproval:	Date:
				Signature:	
		Rema	rks and/or Conditions:		
	•				

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT CHAMPAIGN COUNTY, ILLINOIS

IN THE MATTER OF THE ESTAT	TE)	No. 0 4 2 6 2006
OF ISAAC MAPSON, Deceased.	•.		
ORDER A	PPOINTING	REPRESENTATI	VE CHERRED CONTRACTION

IT IS ORDERED THAT Letters of Administration issue to SANDY MAPSON.

MAR 2 8 2005 DATE SIGNED:

Chase Lionhard Missociate Judge Judge Judge ENTER:

1. 53

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8.16 ACKED GRASS HELD FENCED IN AREA OUTDOOR COSLER ENER SOHALT PKG LOT • • • • MAINPANCE ۍ نړ ۶ نو ۶ in the STAIRS TO JUT BLACA STOLAGE UPSTAIRS OFFICES RT45 **A8**



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STATE OF ILLINOIS COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,No. 2007-ENT-11LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

ELMER'S CLUB 45 INC. DBA CLUB 45 BANQUET HALL

License is hereby granted to **Paul VanPelt** 1212 Windsor Rd., Champaign IL to provide Entertainment/Recreation at 3515 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Applicatio Ordinance Other Bus by busine		For Office Use Only 2007-ENT-08 Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007 UNTY CLERK BUSINESS Name: CLUB 45 BANQUET HALL License Fee: \$ 100.00 Filing Fee: \$ 4.00 TOTAL FEE: DUE \$ 104.00 Checker's Signature: W
Filing Fee	Per Year (or fraction there Per Single-day Event: Clerk's Filing Fee:	eof): \$ 100.00 \$ 10.00 \$ 4.00

Checks Must Be Made Payable To: Mark Shelden, 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:

1845 BANQUET HALL Name of Business: ELMERS (141845, JAC T 1. Α.

- 3. Business address of Business for which application is made: <u>P.O. BOX 965</u> URBANA JL 61803
- 4. Zoning Classification of Property: <u>B-3</u>
- 5. Date the Business covered by Ordinance No. 55 began at this location: 007 2003
- 6. Nature of Business normally conducted at this location: <u>BAR, NIGHTCLUB</u> BANGUET HALL
- 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): <u>MEETROWS</u>, BIKE ICAR SHOWS, BJ, RECEPTIONS MEETROS, COMEDY, KARAOKE, TALCHTIFASHION SHOWS
- Term for which License is sought (specifically beginning & ending dates):
 1-1-07 To 12-31-07
 - (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? <u>NO</u>
- 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: <u>HBT217</u> 602 N. COUNTRY FAIR DR (HAMPAIGN IL 61821
- 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. COMPLE

INCOMPLETE FORMS WILL N()NSIDERED FOR A LICENSEAND WILL BE RETIA IOO APPLICANT

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: PAUL VAN PELT	Date of Birth:
Place of Birth: CHAMPAIGN COUNTY	Social Security No.:
Residence Address: 1212 ININDSOR RA	CHAMPAIGN IL 61821
Citizenship: If naturalized	I, 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	f naturalization:	
Residential Addresses for the past thi	ree (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:

2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered: *ELMERS* (LUB 45, *INC*)
- 2. Date of Incorporation: <u>SCT_2LC3</u> A11 State wherein incorporated: <u>ILL</u>

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:								
	•			aleu III	Certine		icorpor	anon.
<u>3515 N.</u>	CUNNIN	GHAM AVE	5					·····
URBANA	<u></u>	61802						
Objects of Co	rporation, a	s set forth in ch	harter: _					
Names of all (Officers of t	ne Corporation	and oth	er infor	matior	as liste	d:	
Name of Offic	er Paul	W. VANPER	<u></u> レデ	•	Title: F	RESIDE	ENT	
Date elected	or appointed	: 7/28/04		Socia	al Secu	irity No.		
Date of Birth:		· · · · · · · · · · · · · · · · · · ·	Place of	of Birth:	: CHE	MPAIC	IN C	ainty
Citizenship:				·				
f naturalized,	place and e	date of naturali	zation:					
Residential Addresses for past three (3) years:								
1212 W/1	NDSORRI	D						
	1 A A 7 1	61821						

VPLAUNCARE - OWNER
OWNERIMER CLUB45

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.

Recreation & Entertainment License Application Page Four

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	
	Nota	ary 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 Manager or Agent day of ombar .20 Ol ore me this Subscribed and Notary Public, State of Illinois My commission expires 09/24/09

This <u>COMPLETED</u> application along wards payable to MARK SHELDEN, CHAMPA

A13 riate amount of cash, or certified check CLERK, must be turned in to the Champaign



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

FOR ELUC USE ONLY

County Clerk's Office

	Proper Application	Date Received:	
2.	Fee	Amount Received:	
	Sherif	f's Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Re	marks:	Signature:	
		Zoning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	Date:
Re	marks:	Signature:	
- <u></u>	Environment &	Land Use Committee	
1.	<u>Environment &</u> Application Complete		Date:
1.		Approval:	Date: Date:
	Application Complete	Approval: Disapproval:	
2.	Application Complete	Approval: Disapproval: Signature:	Date:



A15

STATE OF ILLINOIS **COUNTY OF CHAMPAIGN**

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2006-ENT-09 \$100.00

KAMS OF ILLINOIS INC DBA THE PINK HOUSE

License is hereby granted to STEVE COCHRAN 1602 Bentbrook, Champaign IL to provide Entertainment/Recreation at 2698CR 1600N Ogden IL in Champaign County from November1, 2006 thru December 31, 2006. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

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TTUL TIL	
127	URUARY 2 VI
	A GARY SH

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)

* REVISIONS/ AMENDMENTS TO CURRENT LICENSE Filing Fees: Per Year (or fi

Per Year (or fraction thereof): Per Single-day Event: Clerk's Filing Fee:

For Office Use Only					
License No.	2006-ent-09				
Date(s) of Event(s)1-01-06 THRU 12-31-06					
Business Name:	KAMS OF ILLINOIS INC				
License Fee:	\$ <u>100.00</u>				
Filing Fee:	\$				
TOTAL FEE:	\$ 104.00				
Checker's Signatur	re:				

\$ 100.00 \$ 10.00 \$ 4.00

Checks Must Be Made Payable To: Mark Shelden, 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: Kams of Illinois LLC dba The Pink House

 - Business address of Business for which application is made: _____
 PO Box 844 Urbana IL 81803-0844
 - 4. Zoning Classification of Property: <u>B-4</u>
 - 5. Date the Business covered by Ordinance No. 55 began at this location: <u>12/31/02</u>
 - 6. Nature of Business normally conducted at this location:
 - Restaurant/Tavern
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): Live Music, Jukebox, Karaoke, TV, Video/Arcade games
 - 8. Term for which License is sought (specifically beginning & ending dates):
 1/01/2006 12/31/2006
 (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? ______
 - 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: <u>Pink Land LLC</u>

<u>602 N. Country Fair Dr., Champaign, IL 61821 exp. 12/31/2007</u> 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.

INCOMPLETE FORMS WILL NO A16 NSIDERED FOR A LICENSE

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: ALLE D. YOHNKA	Date of Birth:	
Place of Birth: CRAWFORD COUNTY	Social Security No.:	
Residence Address: 304 W. WILLIA	m MONTICELLO, IL 61856	
Citizenship: USA If natura	alized, 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): <u>scott D. Cochrane</u>

Date of Birth:	Place of Birth: <u>Champaign-Urbana</u> IL				
Social Security Number:	Citizenship:USA				
If naturalized, state place and date of naturalization:					
Residential Addresses for the	ne past three (3) years:				
1602 Bentbrook Ct. (Champaign, IL 61822				

3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: <u>Owner/operator of eight similar restaurant/</u> taverns in Champaign-Urbana

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:

2.

Name of Corporation exactly as shown in articles of incorporation and as registered:
 <u>Kams of Illinois LLC</u>

2. Date of Incorporation: 06/28/2 A17 State wherein incorporated: IL

Recreation & Entertainment License Application Page Three

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

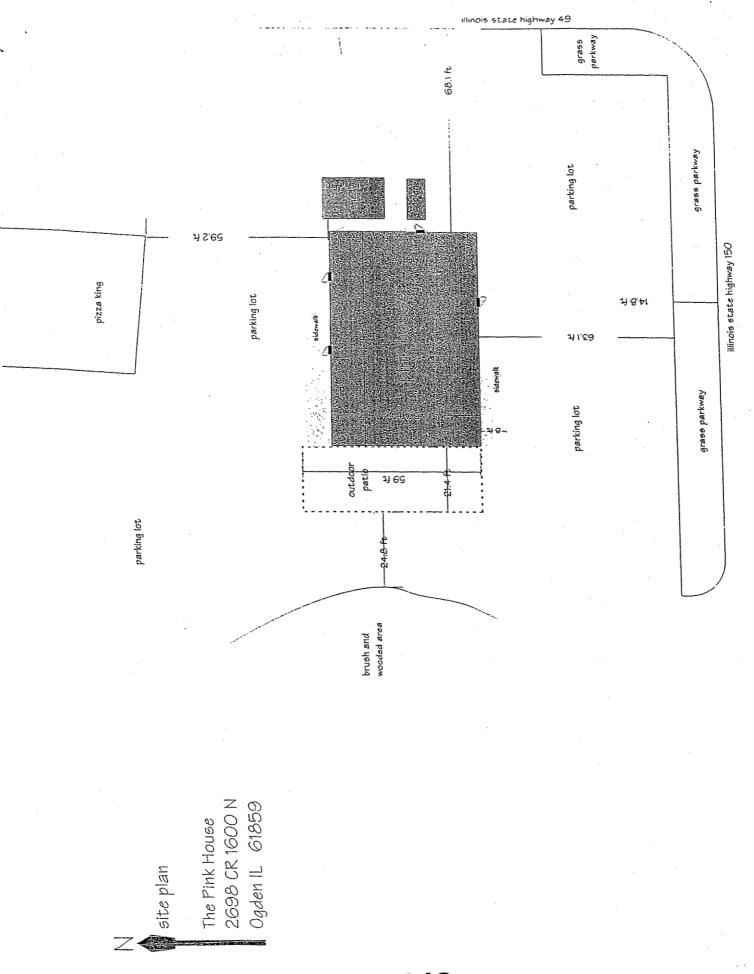
4.

5.

6.

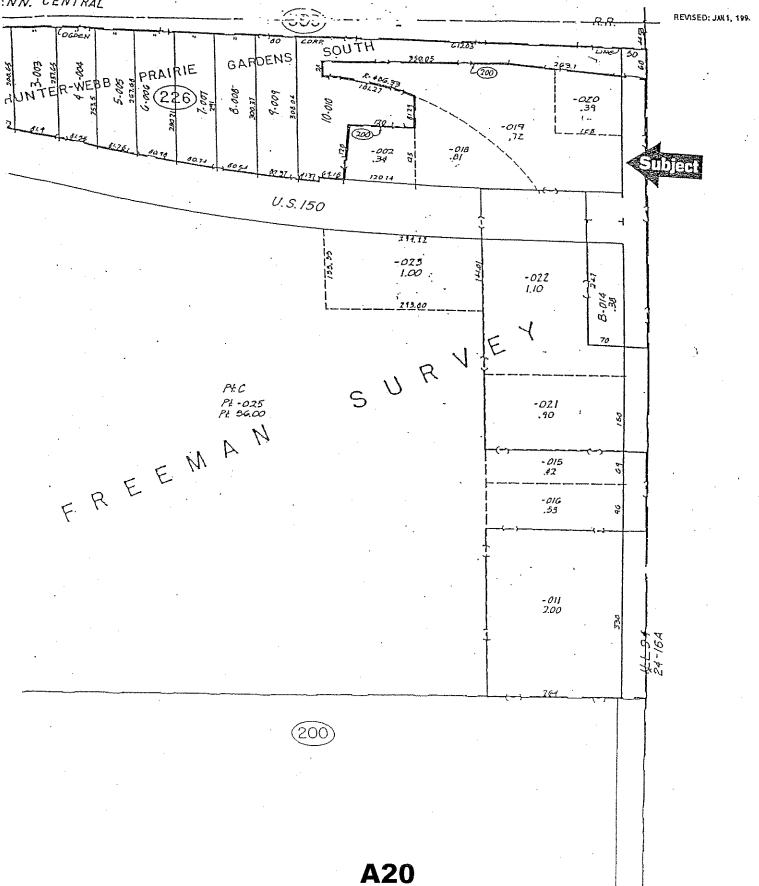
Gi	e first date qualified to do business in Illinois: <u>06/28/2002</u>
Bu	siness address of Corporation in Illinois as stated in Certificate of Incorporation:
2	14 W. Main Street, Urbana, IL 61801
	To acquire, own, lease and sell jects of Corporation, as set forth in charter: <u>Real Estate and for any lawful</u> ourpose for which a company may be organized under this act. mes of all Officers of the Corporation and other information as listed:
	me of Officer: <u>Scott D. Cochrane</u> Title: <u>Member/Manager</u> of the LL
Da	te elected or appointed: <u>06/28/2002</u> Social Security No.:
Da	te of Birth: Place of Birth: <u>Champaign-Urbana IL</u>
	izenship:
lf r	naturalized, place and date of naturalization:
Re	sidential Addresses for past three (3) years:
	1602 Bentbrook Ct. Champaign, IL 61822
~	
•,	

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



A19

ENN. CENTRAL



Recreation & Entertainment License Application Page Four

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	r two memoers of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Noti	ary 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 penalf of said application.

e of Secretary abature of President OFFICIAL SEAL DIANNA L. MARSH NOTARY PUBLIC, STATE OF ULLINOIS Signature of Manager or Agent 18/2008 MISSION Subscribed and sworn to before me this Notary Public

This <u>COMPLETED</u> application along v

ppriate amount of cash, or certified check TY CLERK, must be turned in to the Champaign



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:	
2.	Fee	Amount Received:	
	Sheriff's	<u>Department</u>	• • •
1.	Police Record	Approval:	_ Date:
2.	Credit Check	Disapproval:	Date:
Rema	arks:	Signature:	·
		· · · ·	
-		oning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	_Date:
Rema	arks:		
	F		
	Environment & L	and Use Committee	
1.	Application Complete	Approval:	_ Date:
2.	Requirements Met	Disapproval:	_ Date:
		Signature:	
Rem	arks and/or Conditions:		
<u></u>			· · · · · · · · · · · · · · · · · · ·
<u></u>			

NOT TRANSFERABLE



A23

STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, No. 2007-ENT-09 LODGING OF TRANSIENTS, AND RACEWAYS LICENSE \$100.00

KAMS OF ILLINOIS INC DBA THE PINK HOUSE

License is hereby granted to Scott Cochran 1602 Bentbrook, Champaign IL to provide Entertainment/Recreation at 2698CR 1600N, Ogden IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Ordinan Other Bi by busin	ons for License ce No. 55 Regu usinesses withi esses covered	ounty r: Entertainment License	License No. Date(s) of Event(s	Diffice Use Only 2007-ENT-099 s) JAN. 1, THRU DEC. 31, 2007 KAMS OF ILLINOIS INC \$ 100.00 \$ 4.00 \$ 104.00 \$ 104.00
Filing F	ees:	Per Year (or fraction the Per Single-day Event: Clerk's Filing Fee:	\$ 1	0.00 0.00 4.00

Checks Must Be Made Payable To: Mark Shelden, 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: Kams of Illinois LLC dba The Pink House
 - Location of Business for which application is made:

 2698 CR 1600 N Ogden TL 61859
 - Business address of Business for which application is made: _____
 PO Box 844 Urbana IL 81803-0844 _____
 - 4. Zoning Classification of Property: _____
 - 5. Date the Business covered by Ordinance No. 55 began at this location: <u>12/31/02</u>
 - 6. Nature of Business normally conducted at this location:

Restaurant/Tavern

- 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): <u>Live Music</u>, <u>Jukebox</u>; <u>Karaoke</u>, <u>TV</u>, <u>Video/Arcade games</u>

(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? ______
- 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: <u>Pink Land LLC</u>

<u>602 N. Country Fair Dr., Champaign, IL 61821 exp. 12/31/2007</u> 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.

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: ALLIE D. YOHNKA	Date of Birth:	
Name: <u>ALLIE D. YOHNKA</u> Place of Birth: CRAWFORD COUNTY	Social Security No.:	
Residence Address: 304 W. WILLIAM	MONTLEUD, IL 61856	
Citizenship: _USA If naturalizeu,	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): <u>Scott D. Cochrane</u>

Date of Birth:	Place of Birth:	Chámpa	ign-Urbana	IL
Social Security Number:	Citiz	enship:	USA	
If naturalized, state place and date c	of naturalization:			
Residential Addresses for the past th	nree (3) years:			
1602 Bentbrook Ct. Champai	gn, IL 61822			

3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: <u>Owner/operator of eight similar restaurant/</u>taverns in Champaign-Urbana

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:

2.

Name of Corporation exactly as shown in articles of incorporation and as registered:
 <u>Kams of Illinois HIC</u>

2 Date of Incornoration: 06/28/20 A25

State wherein incorporated: IL

Recreation & Entertainment License Application Page Three

the LLC

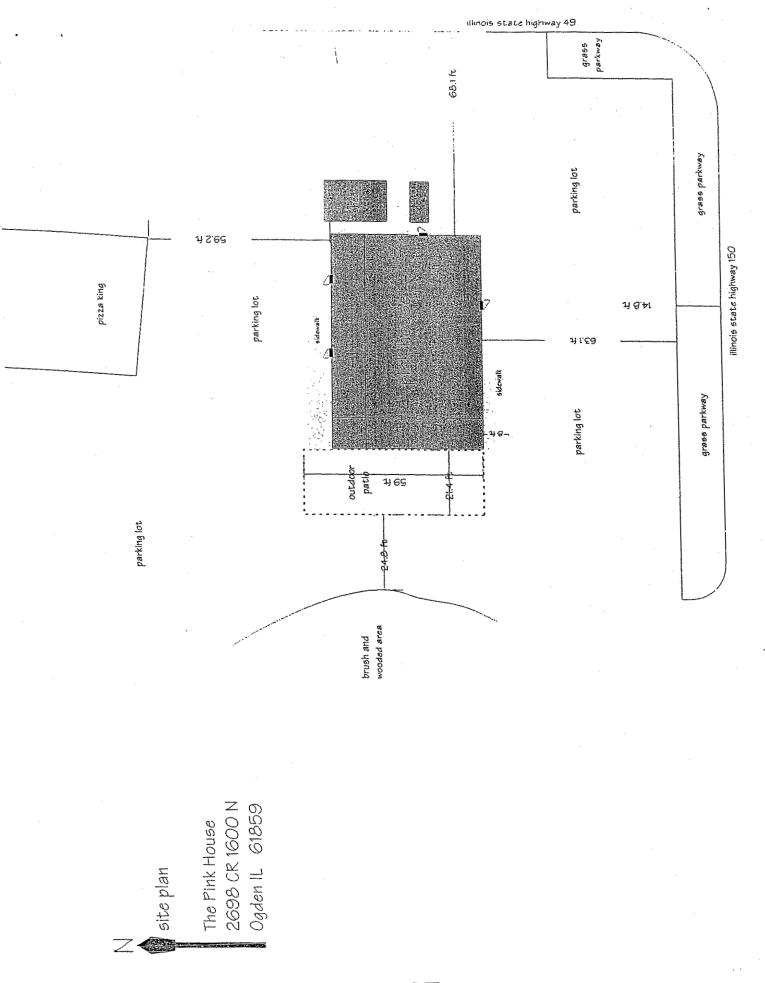
3.	If foreign Corporation, give name and	I address of resident agent in Illinois:
	Give first date qualified to do business	s in Illinois: 06/28/2002
4.	Business address of Corporation in III	inois as stated in Certificate of Incorporation:
·	214 W. Main Street, Urbana,	. IL 61801
5.	Objects of Corporation, as set forth in	charter: To acquire, own, lease and sell Real Estate and for any lawful
6.	purpose for which a company Names of all Officers of the Corporati	y may be organized under this act. on and other information as listed;
	Name of Officer: <u>scott D. Cochra</u>	
	Date elected or appointed: _06/28/	Social Security No.:
	Date of Birth: _	Place of Birth: <u>Champaign-Urbana IL</u>
	Citizenship:	· ·

If naturalized, place and date of naturalization:

Residential Addresses for past three (3) years:

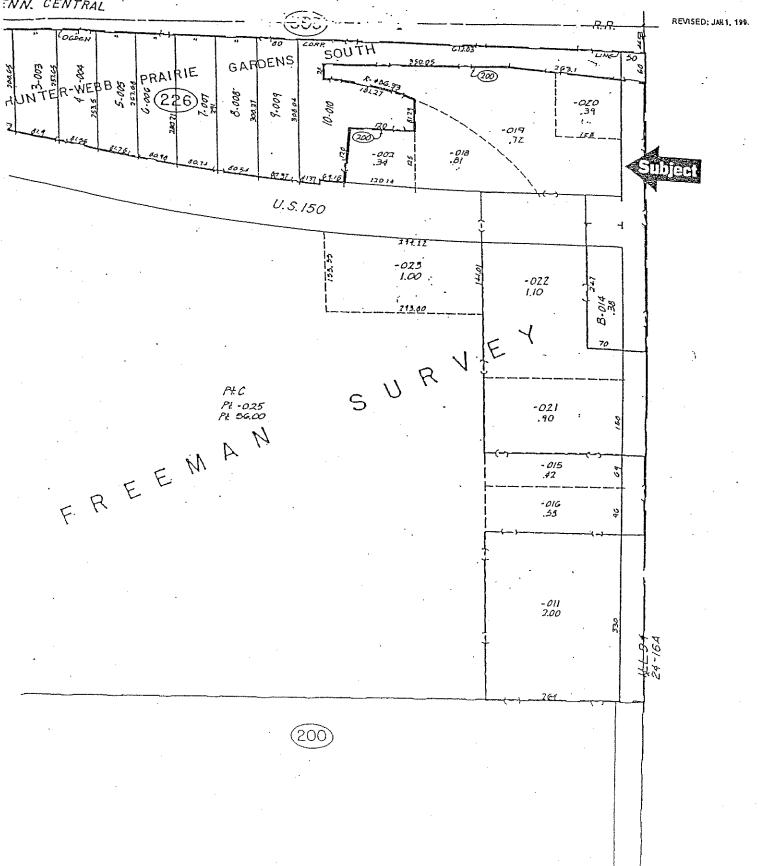
Business, occupation, or employment for four (4) years preceding date of application for this license: <u>Owner/operator of eight similar food/beverage</u> establishments in Champaign-Urbana, Illinois.

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



A27

ENN. CENTRAL



A28

Recreation & Entertainment License Application Page Four

ملميرا ممتلحا

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 o	f two members of Partnership
Signature of Manager or Agent		х
Subscribed and sworn to before me this	day of	, 20
	Nota	ary 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 femand on behalf of said

application. Signature of Secretary onature of President OFFICIAL SEAL DIANNA L. MARSH NOTARY PUBLIC, STATE OF ILLINOIS Signature of Manager or Agent MY COMMISSION EXPIRES 1/18/2008 Subscribed and sworn to before me this day of Notary Public priate amount of cash, or certified check This COMPLETED application along wi Y CLERK, must be turned in to the Champaign made navable to MARK SHELDEN, CHAMPAI A29



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:	· · · · · ·
2.	Fee	Amount Received:	
	<u>Sheriff's</u>	s Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Rem	narks:	Signature:	
	Planning & Z	Coning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	Date:
Rem	narks:		· ·
••••••••••••••••••••••••••••••••••••		Land Use Committee	
1.	Application Complete	Approval:	Date:
2.	Requirements Met	Disapproval:	Date:
		Signature:	
Rem	narks and/or Conditions:		

A30



STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,No. 2007-ENT-09LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

NOT TRANSFERABLE

TINCUP RV PARK INC.

License is hereby granted to **GARY ROBINSON** 2070CR 125E, Mahomet IL to provide Entertainment/Recreation at 1715E Tincup Road Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission



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 Offi	ce	Use Only			
License No. <u>2</u>	007	7-ENT-07			
Date(s) of Event(s)_J	AN.	. 1, THRU	DEC.	31,	<u>2</u> 007
Business Name:	NCI	J <u>P RV PARI</u>	<u>K INC</u>	.	
License Fee:	\$	100.00			
Filing Fee:	\$	4.00			
TOTAL FEE: DUE	\$_	104.00			
Checker's Signature:		NO-			
 1					

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

Checks Must Be Made Payable To: Mark Shelden, 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:

Name of Business: TINCUP RV PARK, INC. Α. 1. Location of Business for which application is made: 1715 E. Tincup Rd 2. Mahomet, I1, 61853 Business address of Business for which application is made: 3. Mahomet, I1. 61853 1715 E. Tincup Rd Zoning Classification of Property: majority of tract CH CO: BT3 Hwy Business; Date the Business covered by Ordinance No. 55 began at this location: 1999 4. 5. Nature of Business normally conducted at this location: 6. Recreational Vehicle Park Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): _______recreational vehicle camping, golf driving range Term for which License is sought (specifically beginning & ending dates): 8. January 1, 2007 - December 31 - 2007 (NOTE: All annual licenses expire on December 31st of each year) Do you own the building or property for which this license is sought? 9. If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires: NA If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this 11. application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

INCOMPLETE FORMS WILL NOT SIDERED FOR A LICENSE AND WILL BE RETULE A32 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: Stephen Robinson	Date of Birth:
Place of Birth: Daytona Beach, FL	Social Security No.:
Residence Address: 2004 Juniper Dr.	. Mahomet, I1. 61853
Citizenship:If nature	alized, 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):

Gary Robinson	Ronda Robinson	
Date of Birth:	lace of Birth: Marion NC New Ulm, MN	
Social Security Number:	Citizenship: USA	
If naturalized, state place and da	ate of naturalization:	
Residential Addresses for the pa 218 S. Lake of the Woods	st three (3) years:	
Mahomet, Il. 61853		

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:

2.

2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered: Tincup RV Park, Inc.
 - Date of Incorporation: 11/15/99

ate wherein incorporated:

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

4.

5.

6.

Give first date qualified to d	lo business in Illino	IS:NA	
Business address of Corpo	ration in Illinois as	stated in Certificate of Incorporation:	·
1715 E. Tincu	ip Rd		
Mahomet, Il.			
Objects of Corporation, as s	set forth in charter:	campground	
Names of all Officers of the	Corporation and o	ther information as listed:	
Marrie Garv	Robinson	Title President	
Date elected or appointed:	11/15/99	Social Security No.: e of Birth:Marion, NC	
Date of Birth:	Place	of Birth: Marion, NC	
Citizenship: USA			
If naturalized, place and da	te of naturalization	:	
Residential Addresses for pa	ast three (3) years		
Mahomet, Il. 618	53	، 	
		(4) years preceding date of application	
this license:owner	<u>R & S Sales & S</u> Mahomet, Il. 61	Service	
	Mahomet, II, bl	.823	

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.

on file from past years

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	f two members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	· · · · · · · · · · · · · · · · · · ·	
	Nota	ary 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.

oppmosilori	
Can to line (Anda Kolima
Signature of President	Signature of Secretary
	Alter Mon
	Signature of Manager or Agent
Subscribed and sworn to before me this $27\frac{47}{2}$	2 day of <u>Oct. ben</u> , 2006.
OFFICIAL SEA	
	Notary Public
This COMPLETED application along with	hate amount of cash, or certified check
This COMPLETED application along with	
AS A DEVICE TO MARK SHELDEN, CHAMPAIC	50 CLERK, must be turned in to the Champaign



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

FOR ELUC USE ONLY

County Clerk's Office

Amount Received: f's Department Approval: Disapproval: Disapproval: Signature: Zoning Department Approval: Disapproval: Disapproval: Disapproval: Disapproval:	
f's Department Approval: Date: Disapproval: Date: Signature: Zoning Department Approval: Disapproval: Disapproval: Disapproval:	
Disapproval: Date: Signature: Zoning Department Approval: Date: Disapproval: Date:	
Signature: Zoning Department Approval:Date: Disapproval:Date:	
Zoning Department Approval:Date: Disapproval:Date:	
Zoning Department Approval: Date: Disapproval: Date:	
Disapproval: Date:	
Signature:	
Land Use Committee	
Approval: Date:	
Disapproval: Date:	
Signature:	



STATE OF ILLINOIS NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,No. 2007-ENT-03LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

CURTIS ORCHARD LTD

License is hereby granted to **Paul CURTIS** 3902 S. Duncan Rd., Champaign IL to provide Entertainment/Recreation at 3902 S. Duncan Road, Champaign IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

STY OF CHAR	STATE OF ILLINOIS	FILED	For C	Office Use Only
	Champaign County	NOV 3 2005	License No	<u>_2007-ENT-03</u>
	Application for:	Marker Shelden	Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007
TURUARY 201 14			Business Name: 🔔	CURTIS ORCHARD LTD.
	ons for License under e No. 55 Regulating F	-	License Fee:	\$ 104.00
	sinesses within the C	1	Filing Fee:	\$
	esses covered by this		TOTAL FEE: DUE	\$ 104.00
than Mas	sage Parlors and sim	liar enterprises)	Checker's Signature:	WZ
			¢ 400.00	
Filing Fe		ear (or fraction thereof):	\$ 100.00	
		ngle-day Event: s Filing Fee:	\$ 10.00 \$ 4.00	

Checks Must Be Made Payable To: Mark Shelden, 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:

Name of Business: Confis Orchard Lfd 1. Α. Location of Business for which application is made: 2. Duncan Rd, Champaign , IL. 61828 3902 5 Business address of Business for which application is made: 3. 3902 S. Somean Rd, Champaign, JL. 61822 Zoning Classification of Property: <u>A62 w/ Major Rural Specialky Business</u> Date the Business covered by Ordinance No. 55 began at this location: 4. 5. 6. Nature of Business normally conducted at this location: Retail Fruits & vegetables Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): /ive music pertormances Term for which License is sought (specifically beginning & ending dates): 8. 7/20/06-12/28/06 1/01/07-12-31-07. (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? If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires: 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.

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

A38

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.

allam Signature of Secretary Signature of President Signature of Manager or Agent day of Movember , 20 M Subscribed and sworn to before me this OFFICIAL SEAL **BRENDA C. COLE** NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 4-20-2009 This COMPLETED application along with the appropriate amount of cash, or certified check CLERK, must be turned in to the Champaign made payable to MARK SHELDEN, CHAMPAIG bis 61802. A \$4.00 Filing Fee should be included. County Clerk's Office, 1776 E. Washington St., I

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:

. .

C.

D.

	any responsible party of the business in the designated location.
Na	ne:Date of Birth:
Pla	ce of Birth: Social Security No.:
- Po	idence Address:
Citi	zenship: If naturalized, place and date of naturalization:
·,	
العام	uring the license period, a new manager or agent is hired to conduct this business, the
11, (licant MUST furnish the County the above information for the new manager or agent within
	(10) days.
	(10) 0033.
	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 comparation all the information required under Section D must be
	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.
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:
2	Reciperation or employment of employed for four (4) years preseding date of
3.	Business, occupation, or employment of applicant for four (4) years preceding date of
	application for this license:
	/
<u></u>	
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED
Ans	ver only if applicant is a Corporation:
1.	Name of Corporation exactly as shown in articles of incorporation and as registered:

- Cuntis Orchard 1.td.
- 2. Date of Incorporation: <u>2-25-1993</u> State wherein incorporated: <u>Illinois</u>

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

Give first date qualified to do business in Illinois: 1 - 1 - 1977Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. 3902 S. Duncan Rd, Champaign, IL. 61822 Objects of Corporation, as set forth in charter: businesses for which & business may la 5. Incorporated. Names of all Officers of the Corporation and other information as listed: 6. Name of Officer: <u>Paul Cuntis</u> Title: <u>President</u> Date elected or appointed: <u>2.25-1993</u> Social Security No.: Place of Birth: Urbans IL с л Date of Birth: Citizenship: U.S.A. If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 3902 5. Dunean Rd. Champaign, IL. 61822 Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

	to do business in Illinois: $1 - l - l$ rporation in Illinois as stated in Certifi	
<u>3902 S.L</u>	uncan Rd, Champaig	In, 26.61822
<u>م الم الم الم الم الم الم الم الم الم ال</u>	Agriculte as set forth in charter: <u>businesses</u> in corporated	ural and all other
Objects of Corporation.	as set forth in charter: businesses	for which a business
	incorporates	
Names at all Officers of	the Cornoration and other information	l as ilsteu.
Name of Officer:	ed: <u>2-25-93</u> Social Sector Place of Birth: <u>man</u>	Traisurer
Date elected or appoint	ed: <u>2-25-93</u> Social Sec	urity No.:
Date of Birth:	Place of Birth: me	shfield, Wisc.
Citizenship: U.S.A.		·
If naturalized, place an	date of naturalization:	
Residential Addresses	or past three (3) years:	· · · · · · · · · · · · · · · · · · ·
3902 S. DUN	AN RA	
Champeign, I	L 61822	

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

Give first date qualified to do business in Illinois: 1 - 1 - 1977Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. 3902 S. Duncan Rd, Champaign, IL. 61822 Agricultural and all other lawfur Objects of Corporation, as set forth in charter: businesses for which a business may la 5. incorporated. Names of all Officers of the Corporation and other information as listed: 6. Name of Officer: <u>Randall Graham</u> Title: <u>Vice President</u> Date elected or appointed: <u>2-25-1993</u> Social Security No.: Date of Birth: <u>Place of Birth</u>: <u>Danvillo</u> <u>Illinsis</u> Citizenship: USA If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 3812 5. Duncan Rd. Champaign, IL-61822 Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

Give first date qualified to do business in Illinois: 1 - 1 - 1977Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. 3902 S. Duncan Rd, Champaign, JL. 61822 Objects of Corporation, as set forth in charter: businesses for which a business may la 5. incorporatod. Names of all Officers of the Corporation and other information as listed: 6. Name of Officer: Debra Graham Title: Secretary Date elected or appointed: 2-25-1993 Social Security No.: _Place of Birth: Unbana, Illinois Date of Birth: Citizenship: $U \leq A$ If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 38125. Duncan Pd. Champaign, IL. 61822 Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Cortis Orchard



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:	
	2.	Fee	Amount Received:	·
		Sheriff	<u>i's Department</u>	
	1.	Police Record	Approval:	Date:
	2.	Credit Check	Disapproval:	Date:
	Ren	narks:	Signature:	
·		Planning &	Zoning Department	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1.	Proper Zoning	Approval:	Date:
	2.	Restrictions or Violations	Disapproval:	Date:
	Ren	narks:	Signature:	
		Environment 8	Land Use Committee	
	1.	Application Complete	Approval:	Date:
	2.	Requirements Met	Disapproval:	Date:
			Signature:	
	Ren	narks and/or Conditions:	· · ·	
1				



A46

STATE OF ILLINOIS COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,No. 2007-ENT-04LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

HIDEAWAY OF THE WOODS INC.

License is hereby granted to **ROBERT SLADE** 2110 Gunn Dr., Champaign IL to provide Entertainment/Recreation at 809 S. Prairieview Road, Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

CULTURE CHANNEL	STATE OF ILLING		Fo DLicense No.	or Office Use Only 2007-ENT-04
	Application for: Recreation & Ent	ertainment License 3 20	Business Name:	nt(s) <u>JAN. 1 THRU DEC. 31, 2</u> 007 <u>HIDEAWAY OF THE WOODS INC</u>
Ordinanc Other Bu by busine	e No. 55 Regulatin sinesses within the	g Recreational & county (for use nis Ordinance other	Y CLERMENSE Fee: Filing Fee: TOTAL FEE: DO Checker's Signatu	\$00_00 \$4.00 JE \$00
Filing Fe	Per	Year (or fraction therec Single-day Event: rk's Filing Fee:	\$ 10).00).00 00

Checks Must Be Made Payable To: Mark Shelden, 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:

Name of Business: He deauay of the Woods Grill & Bai 1. Α. Location of Business for which application is made: 2. Business address of Business for which application is made: 3. Zoning Classification of Property: 4. Date the Business covered by Ordinance No. 55 began at this location: Restaurant 5. Nature of Business normally conducted at this location: _______ 6. Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): <u>J. J. Kaveake Cive Music</u> Term for which License is sought (specifically beginning & ending dates): _ 8. (AN 1 2007 Dec 31 2007 (NOTE: All annual licenses expire on December 31st of each year) Do you own the building or property for which this license is sought? 9. If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires: _ If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this 11. application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

INCOMPLETE FORMS WILL NC SIDERED FOR A LICENSE AND WILL BE RETL A47 APPLICANT

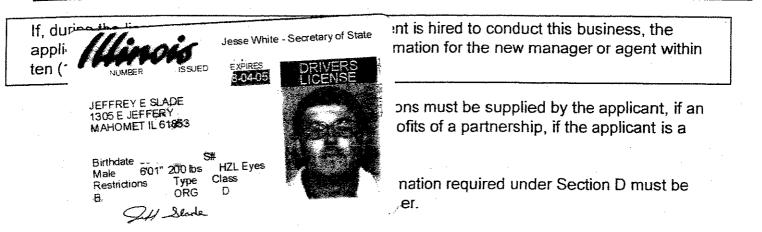
				. .	****	•
following locally res Name: Place of E Residenc Citizenshi	siness will be conducted information about per sponsible party of the Birth: e Address: ip: the license period, a no	by a person othe	Jesse White - So ExPIRES HIGTOS BLUE Eyes Class D	ecretary of State	: or ion: usiness, the	
	MUST furnish the Cou	Tober Al		e new manag	fer or agent with	in
 ind par If t	ormation requested in th ividual, or by all membe thership. the applicant is a corpor- polied for the corporation	GARY A COX 1007 BEAVER CRE MAHOMET IL 6185	2 05-1205 EEK LANE	Ite - Secretary of Sta	applicant, if a coplicant is a n D must be	
Ado nec	ditional forms containing cessary, for attachment me(s) of owner(s) or loc	Birthdate Male 505" 155 Restrictions Typ to co	pe Class JR DM	ases):	$\frac{1}{\sqrt{2}}$ ty Clerk, if	
Soc If n	te of Birth: cial Security Number: aturalized, state place a sidential Addresses for t	and date of natura	of Birth: 	ship: <u>'U.</u>	<u>, ,</u>	lane
3. Bus app	siness, occupation, or er blication for this license:	nployment of app Self em	plicant for four $\rho \log d$	ir (4) years pr icholes.	eceding date of	:scd)
 	·					
	FICER MUST COMPLE FROM THE COUNTY C					
 Answer on	ly if applicant is a Corpo	pration:				
1. Nan	ne of Corporation exactl	y as shown in art	icles of incor	poration and	as registered:	
2. Date	e of Incorporation:			erein incorpc	orated:	
			48 ·			

1

Page Two

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:	Date of Birth:
Place of Birth:	Social Security No.:
Residence Address:	
Citizenshin [.]	If naturalized, place and date of naturalization;



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

Date of Birth:	Place of Birth:	Gibsen	City	
Social Security Number	Citize	nship:	S. '	-
If naturalized, state place and da	ate of naturalization:	~		
Residential Addresses for the pa	st three (3) years:	305 Jeff	ery Dr.	
Mahomet IL 61853		1	1	

3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: <u>OWNER TIMPERIAL CONCRETE Construction</u>

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

Answer only if applicant is a Corporation:

1. Name of Corporation exactly as shown in articles of incorporation and as registered:

2.



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:

Narr	Date of Birth:
Plac	e of Birth: Social Security No.:
Resi	idence Address
Citiz	enship: If naturalized, place and date of naturalization:
lf, du	uring the license period, a new manager or agent is hired to conduct this business, the
•••	icant MUST furnish the shove information for the new manager or agent within
ten (10) days.
<u></u>	NUMER
	Information requeste
	individual, or by all r CARTER W PHILLIPS 1894 COUNTY RD 4600 N
	partnership. URBANA IL 61802
	If the applicant is a Birthdate St. Male 604" 210 lbs BRN Eyes St.
	The second
	Additional forms cor. Cante Rudius
	necessary, for attachment to this application roun.
	Name (a) of evener(a) or local menager(a) (include only pliceses);
1.	Name(s) of owner(s) or local manager(s) (include any aliases):
	Date of Birth: Place of Birth: Converten
	Date of Birth:
	If naturalized, state place and date of naturalization:
2.	Residential Addresses for the past three (3) years: 1894 CE 1600 N
6	URBANA EL 61802
3.	Business, occupation, or employment of applicant for four (4) years preceding date of
	application for this license: GENERE MANAGER (RETURNINT)
	OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF
NEED	DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
Δηςιω	er only if applicant is a Corporation:
THOM	
1.	Name of Corporation exactly as shown in articles of incorporation and as registered:



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:	Date of Birth:
Place of Birth:	Social Security No.:
Residence Address:	
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): <u>Chert State</u>

 Date of Birth:
 Place of Birth:
 Gi hsm crty

 Social Security Number:
 Citizenship:
 4.5.

 If naturalized, state place and date of naturalization:
 Place of Naturalization:
 Place of Naturalization:

 Residential Addresses for the past three (3) years:
 2110
 Gunn Pr

- 2. Residential Addresses for the past three (3) years: <u>2110 (Junn Dr</u> <u>Chempgign</u> <u>±(, 6/821</u>
- 3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: <u>Hidenway Restaurant</u>

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: <u>Hideway</u> of the Ucocli Brills Day The

A51 : e wherein incorporated: ______

2. Date of Incorporation: August 200

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

į

Give first date qualified to do busines					
Business address of Corporation in II	llinois as sta	ted in Cer	tificate of I	ncorpora	ation:
- Sog 5. Avaipieua	- Rel V	-0. 20	1158	Mak	met /
61853-1158					
Objects of Corneration, as set forth in	chorter				
Objects of Corporation, as set forth in		······			······································
Names of all Officers of the Corporati	ion and othe	r informa	ion as liste	ed:, ;	
Nome of Officer: Reheart Sled	Ŧ	Title	: tres	ident	
Date elected or appointed:		_Social S	ecurity No.	•	
Date of Birth:	Place of	Birth:	A, bson	(ity	RCinoi.
Citizenship: <u> </u>					
Date elected or appointed: Date of Birth: Citizenship: U. F. If naturalized, place and date of natu	ralization:				
	(0)				
Residential Addresses for past three	(3) years: _				·····
			· · · · · · · · · · · · · · · · · · ·		
Business, occupation, or employment					
this license:					
÷	-				<u></u>

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	f two members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Not	ary 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.

upphoation	
Dat S led	1. Slade
Signature of President	Signature of Secretary
Kandar " - I	
	and The Shel
	Signature of Manager or Agent
Subscribed and sworn to before me this	day of NOVIEMBER, 2006.
OFFICIAL SEAL GARY K WINANS NOTARY PUBLIC - STATE OF ILLINOIS	Jan K. Winans
MY COMMISSION EXPIRES: 10/29/10	Notary Public
This <u>COMPLETED</u> application along w made pavable to MARK SHELDEN, CHAMPA	A53 iate amount of cash, or certified check CLERK, must be turned in to the Champaign



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

FOR ELUC USE ONLY

County	Clerk's	s Office
and the second se	and the second	

1.	Proper Application	Date Received:	
2.	Fee	Amount Received:	
	Sherif	<u>f's Department</u>	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Rem	arks:	Signature:	
. <u> </u>			
	Planning &	Zoning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	Date:
Rem	arks:	Signature:	
	Environment &	Land Use Committe	<u>ee</u>
1.	Application Complete	Approval:	Date:
2.	Requirements Met	Disapproval:	Date:
		Signature:	
Rem	arks and/or Conditions:		
<u></u>			·



A55

STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, No. 2007-ENT-10 LODGING OF TRANSIENTS, AND RACEWAYS LICENSE \$100.00

UNCLE BUCK'S SPORTS BAR INC.

License is hereby granted to **Thomas G. Eichelberger** 608 N. Lake of The Woods Road, Mahomet IL to operate Entertainment/Recreation at 215 S. Lake of The Woods Road, Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Ordinand Other Bu by busine	STATE OF ILLINOIS, Champaign County Application for: Recreation & Entertainment License ons for License under County te No. 55 Regulating Recreational & sinesses within the County (for use esses covered by this Ordinance other sage Parlors and similar enterprises)	For Office Use Only License No. 2007–ENT–10 Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007 Business Name: UNCLE BUCK'S SPORTS BAR II License Fee: \$ 100.00 Filing Fee: \$ 4.00 TOTAL FEE: DUE \$ 104.00 Checker's Signature: 10
Filing Fe	Per Year (or fraction the Per Single-day Event: Clerk's Filing Fee:	ereof): \$ 100.00 \$ 10.00 \$ 4.00

Checks Must Be Made Payable To: Mark Shelden, 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:

1110					
A.	1.	Name of Business: Uncle Bucks Sports BAr			
7 (.	2.	Location of Business for which application is made: $QIS S LO. W. H$			
		MONOMUT, 1-			
÷	3.	Business address of Business for which application is made:			
		Some As ±2.			
	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): <u>DJ</u> , <u>JUKE</u> Box, <u>DJ</u> , <u>MB</u>				
	8.				
		(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? $\frac{\sqrt{25}}{\sqrt{125}}$			
	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:			
	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.			
	INCON	APLETE FORMS WILL NC SIDERED FOR A LICENSE			

AND WILL BE RETU

A56 APPLICANT

tate wherein incorporated: ON FILE

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: TERESAL. EICHELBERGER	Date of Birth:	· .
Place of Birth: <u>GIBSON CITY</u> IC.	Social Security No.:	
Residence Address: MAHOMET FL	· · · · ·	
Citizenship: // S If naturalize	ed, place and date of naturalizati	on:

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):

SAME		· · · · · · · · · · · · · · · · · · ·
Date of Birth:	Place of Birth:	
Social Security Number:	Citizenship:	
If naturalized, state place and d	ate of naturalization:	
Residential Addresses for the pa	st 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:

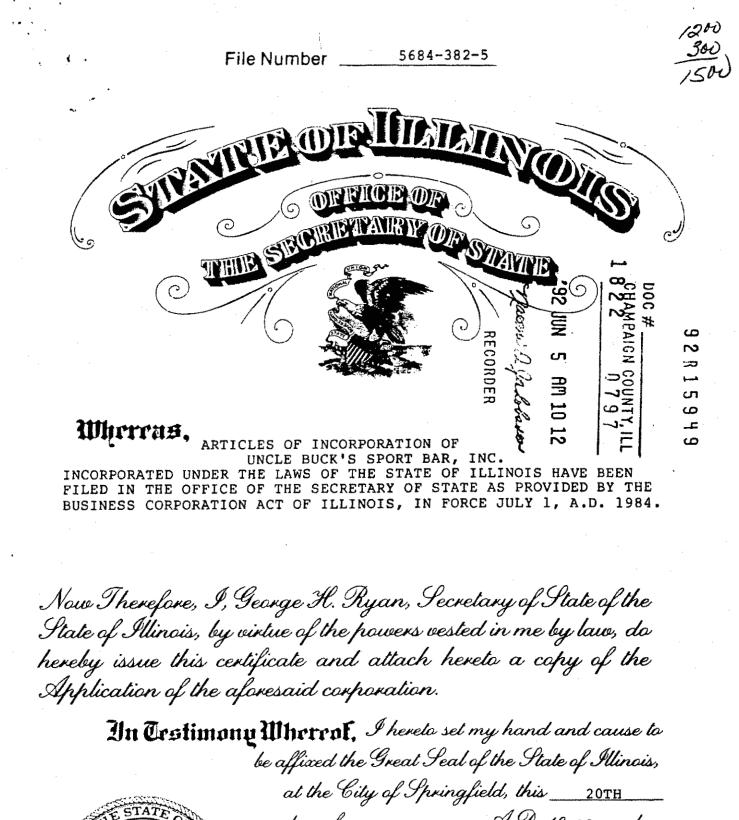
2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered: $S \subset R \leq$
- 2. Date of Incorporation:

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

N/O Give first date qualified to do business in Illinois: Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. $(\mathcal{O}, \mathcal{Q})$ Objects of Corporation, as set forth in charter: 5. Names of all Officers of the Corporation and other information as listed: 6. Pres OM EChelbarAlame of Officer: Same AS CASTLEAR Title CLUNCH -Date elected or appointed: 1442 Social Security No.: Place of Birth: CWDNDR Date of Birth: Citizenship: If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: UNO LUW. LA mohomet 1-. Business, occupation, or employment for four (4) years preceding date of application for this license: De - RAN-(SRII) A site plan (with dimensions) must accompany this application. It must show the location of all 7. buildings, outdoor areas to be used for various purposes and parking spaces.

ONETTE See Attached



day of <u>MAY</u> A.D. 19<u>92</u> and of the Independence of the United States the two hundred and <u>16TH</u>



Form BCA-2.10	ARTICLES OF INCORPORATION	1822 0798
(Rev. Jan. 1991) George H. Ryan Secretary of State		SUBMIT IN DUPLICATE!
Department of Business Services Springfield, IL 62756		This apper for use by Secretary of State
Payment must be made by certified check, cashier's check, Illinois attor- ney's check, Illinois C.P.A's check or		Date 5-29-92 Franchise Tax \$ Filing Fee \$ 25.00 75.00
money order, payable to "Secretary of State."		Approved: 7 101.2

1. CORPORATE NAME: UNCLE BUCK'S SPORT BAR. INC.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2	Initial Registered Agent:	Thomas	G.	Eichelberger
c .		First Name	Middle Initial	Last name
	Initial Registered Office:	RR 3, Box 49		
	inital riegiotoroa enioe.	Number	Street	Suite #
		Mahomet	61853	Champaign
		City	Zip Code	County

 Purpose or purposes for which the corporation is organized: (If not sufficient space to cover this point, add one or more sheets of this size.)

> The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be issued	Consideration to be Received Theretor
Common	s N/A	500	100	\$ 1.000.00
·····				

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

A60

(If not sufficient space to cover this point, add one or more sheets of this size.)

	shareholders or until their succ	essors are elected and qua	•		
	Name	Residential Addre			61052
1	Thomas G. Eichelberger Patricia B. Wamsley	602-6 Lake of the Wo 602-6 Lake of the Wo		and the second	<u>61853</u> 61853
V					
5. OPTIONAL:	(a) It is estimated that the value of corporation for the following ye				
	(b) It is estimated that the value of the State of Illinois during the for	ollowing year will be:	s \$	· · ·	· · · · · · · · · · · · · · · · · · ·
	(c) It is estimated that the gross a transacted by the corporation d	luring the following year wil	li be: \$		
	(d) It is estimated that the gross a transacted from places of busin the following year will be:				

Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

и С

8.

NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated	May 15 , 19 92 .				
	Signature and Name			Address	
1.	Thomas A. Ochelberger	1.	602-6 Lake c	of the Woods Apt	*
	Signature		Street	·	
	Thomas G. Eichelberger		Mahomet,	<u>Illinois</u>	<u>61853</u>
-	(Type or Print Name)	-	City/Town	State	Zip Code
2.		2.			
	Signature	-	Sireel	· · · · · · · · · · · · · · · · · · ·	
-	(Type or Print Name)	-	City/Town	State	Zip Code
3.		3			
	Signature		Street		
-	(Type or Print Name)		City/Town	State	Zip Code

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

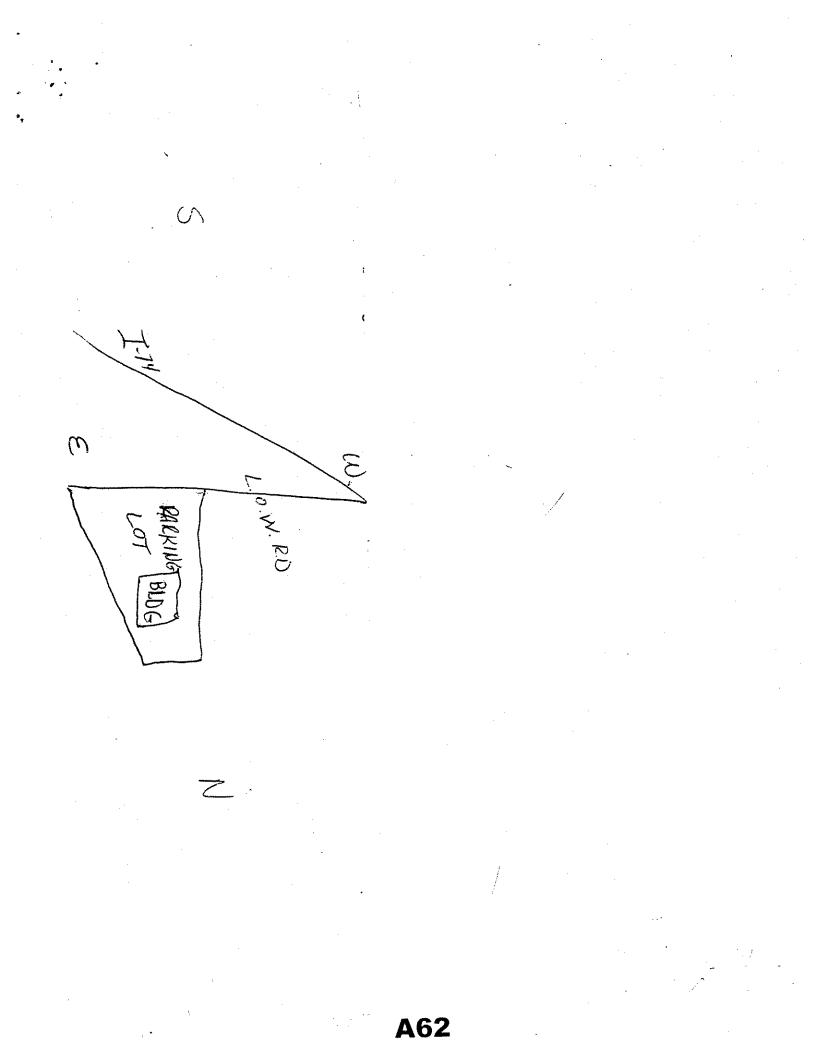
The initial tranchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.

6.

- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary

Illinois Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-9522

D.T. L. to: Jas. A. Lierman A61



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 o	f two members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Not	ary 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.

mas Signature of President

Signature of Secretary

	Signature of Manager or Agent
SubscribetDanc Avg BAD, before me this BARBARA DOYLE-LITTLE Notary Public, State of Illinois My commission expires 07/14/09	1th day of Morember, 2006. Barbara Donald a Notary Public
This COMPLETED application along with	

made payable to MARK SHELDEN, CHAMPAIG A63 (CLERK, must be turned in to the Champaign



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:	······
2.	Fee	Amount Received:	
	Sherif	f's Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Ren	narks:	Signature:	Anno ann All Anna an Anna an Anna Anna Anna
		Zoning Department	а на селото на селот На селото на селото н
1.	Proper Zoning		Date:
2.	Restrictions or Violations	Disapproval:	Date:
Ren	narks:	Signature:	· ·
		Land Use Committee	
1.	Application Complete	Approval:	Date:
1. 2.	Application Complete	Approval:	Date:

STATE OF ILLINOIS COUNTY OF CHAMPAIGN	ENTER	LAST CALL FOR ALCOHOL INC	License is hereby granted to Sheri Kaufman 108 Walnut, Penfield IL to provide Entertainment/Recreation at 105 N. Main, Penfield IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1 st day of January 2008 at 12:01am.	Witness my Hand and Seal this 14 th day of November, A.D. 2006.	Mark Shelden, Champaign County Clerk	Chairman, Champaign County License Commission
ALL AC	TY35		Enter thru [Witne		

Applications for Ordinance No. Other Business by businesses	TE OF ILLINOIS, mpaign County ication for: reation & Entertain or License under Co 55 Regulating Recu ses within the Cour covered by this Orc Parlors and similar	Teaching County CLE reational & aty (for use linance other	License No. Date(s) of Even Business Name:	r Office Use Only <u>2007-ENT-11</u> ot(s) <u>JAN. 1 THRU DEC. 31, 2007</u> <u>LAST CALL FOR ALCOHOL INC</u> <u>\$ 100.00</u> <u>\$ 4.00</u> <u>\$ 104.00</u> <u>\$ 104.00</u> <u>MOX</u>
Filing Fees:		(or fraction thereof): e-day Event: ling Fee:	\$ 10.	.00 .00 .00

Checks Must Be Made Payable To: Mark Shelden, 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:

- Name of Business: <u>LAST CALL for Alcohol</u>, <u>Inc</u>
 Location of Business for which application is made: <u>105 Main St. P. OBEX 143</u> Peofield IL 6186Z
- 3. Business address of Business for which application is made: _ P. 0 Box 143 Penfield IL 61862
- 4. Zoning Classification of Property: Business

Α.

- 5. Date the Business covered by Ordinance No. 55 began at this location: $\frac{9}{7}$
- 6. Nature of Business normally conducted at this location:
- Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): <u>bands</u>. DJ's, <u>Karecke</u>.
- 8. Term for which License is sought (specifically beginning & ending dates): <u>44cf July Neuros</u> Aug u <u>March 4</u> ////07 <u>July</u> (NOTE: All annual licenses expire on December 31st of each year) 12/31/07
- 9. Do you own the building or property for which this license is sought? <u>No</u>
- 10. If you have a lease or rent the property for thing in the name and address of the owner and when the lease or rental agreement expires:
 10. UST 2021
 11. UST 2021
 12. UST 2021
 13. UST 2021
 14. UST 2021
 14. UST 2021
 14. UST 2021
- 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.

INCOMPLETE FORMS WILL NC NSIDERED FOR A LICENSE AND WILL BE RETL A66) APPLICANT

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:

3.

2.

Name: Sheei Kaufman	Date of Birth:
Place of Birth: Paxton IL	Social Security No.:
Residence Address: 108 Walnut St.	Penfield IL 61862
	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.

Name(s) of owner(s) or local manager(s) (include any aliases): C. 1.

Date of Birth:	Place of Birth:	· · · · · · · · · · · · · · · · · · ·
Social Security Number:	Citizenship:	
If naturalized, state place and date of	of naturalization:	
Residential Addresses for the past th	nree (3) years:	

Business, occupation, or employment of applicant for four (4) years preceding date of 3. 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.

Answer **only** if applicant is a Corporation: D.

- Name of Corporation exactly as shown in articles of incorporation and as registered: 1. LAST Call for Alc Holy Inc
- Date of Incorporation: 8/21/06 A67 State wherein incorporated: IL, 2.

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

<u>JOS N. Main St.</u> J. O Boy 143 <u>Penfield IL 61862</u> Djects of Corporation, as set forth in charter: <u>back + Avern</u> ames of all Officers of the Corporation and other information as listed: ame of Officer: <u>Sheri Kaufman</u> Title: <u>President</u> ate elected or appointed: <u>SJ21/06</u> Social Security No.: ate of Birth: <u>Place of Birth: Paxton Ic</u> haturalized, place and date of naturalization:
Penfield IL 6186Z Djects of Corporation, as set forth in charter: <u>har + Avern</u> ames of all Officers of the Corporation and other information as listed: ame of Officer: <u>Sheri Kaufman</u> Title: <u>President</u> ate elected or appointed: <u>Startou</u> Social Security No.: ate of Birth: <u>Place of Birth</u> : <u>Payton</u> IL tizenship: <u>US</u> naturalized, place and date of naturalization: <u></u>
bjects of Corporation, as set forth in charter: <u>have Averan</u> ames of all Officers of the Corporation and other information as listed: ame of Officer: <u>Sheri Kaufman</u> Title: <u>President</u> ate elected or appointed: <u>Startou</u> Social Security No.: ate of Birth: <u>Paxton</u> Tu tizenship: <u>US</u> naturalized, place and date of naturalization:
ames of all Officers of the Corporation and other information as listed: ame of Officer: <u>Sheri Kaufman</u> Title: <u>President</u> ate elected or appointed: <u>Sfailou</u> Social Security No.: ate of Birth: <u>Paxton Tu</u> tizenship: <u>US</u> naturalized, place and date of naturalization:
ame of Officer: <u>Sheri Kautman</u> Title: <u>President</u> ate elected or appointed: <u>Sjarjou</u> Social Security No.: ate of Birth: Place of Birth: <u>Payton Tu</u> tizenship: <u>US</u> naturalized, place and date of naturalization:
ame of Officer: <u>Sheri Kautman</u> Title: <u>President</u> ate elected or appointed: <u>Sjarjou</u> Social Security No.: ate of Birth: Place of Birth: <u>Payton Tu</u> tizenship: <u>US</u> naturalized, place and date of naturalization:
ate elected or appointed: <u>\$/21/06</u> Social Security No.: ate of Birth: Place of Birth: <u>Pax to 1 C</u> tizenship: <u>US</u> naturalized, place and date of naturalization:
ate of Birth: Place of Birth: <u>Yax to</u> tizenship:S naturalized, place and date of naturalization:
tizenship:S
naturalized, place and date of naturalization:
esidential Addresses for past three (3) years: 108 Walnut St. Penfield

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	
		۰ ۱۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰
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.

Application.	Sheir Kauf
Signature of President	Signature of Secretary Auto Signature of Manager or Agent
Subscribed and sworn to before me this "OFFICIAL SEAL" SHARON L OSTERBUR Notary Public State of II. Champaign Co. My Commission Extenses 1/21/2007 This COMPLETED applications along with 1 made navable to MARK SHELDEN, CHAMPAIGN	

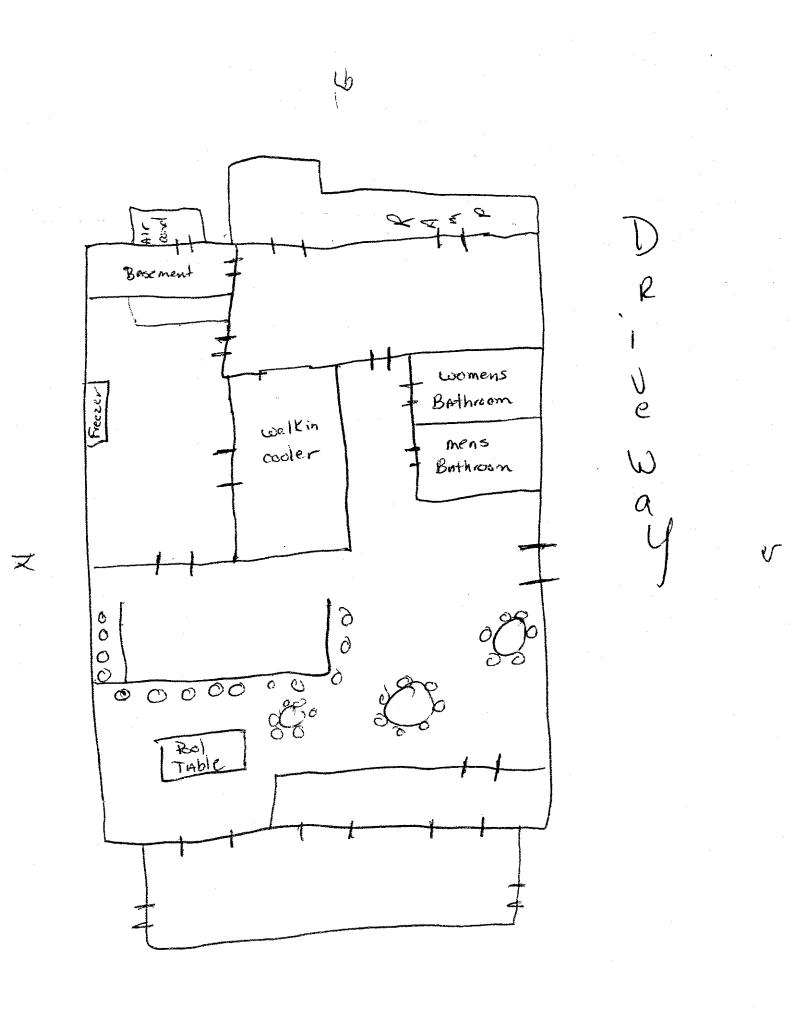


STATE OF ILLINOIS, Champaign County Recreation & Entertainment License Check List and Approval Sheet

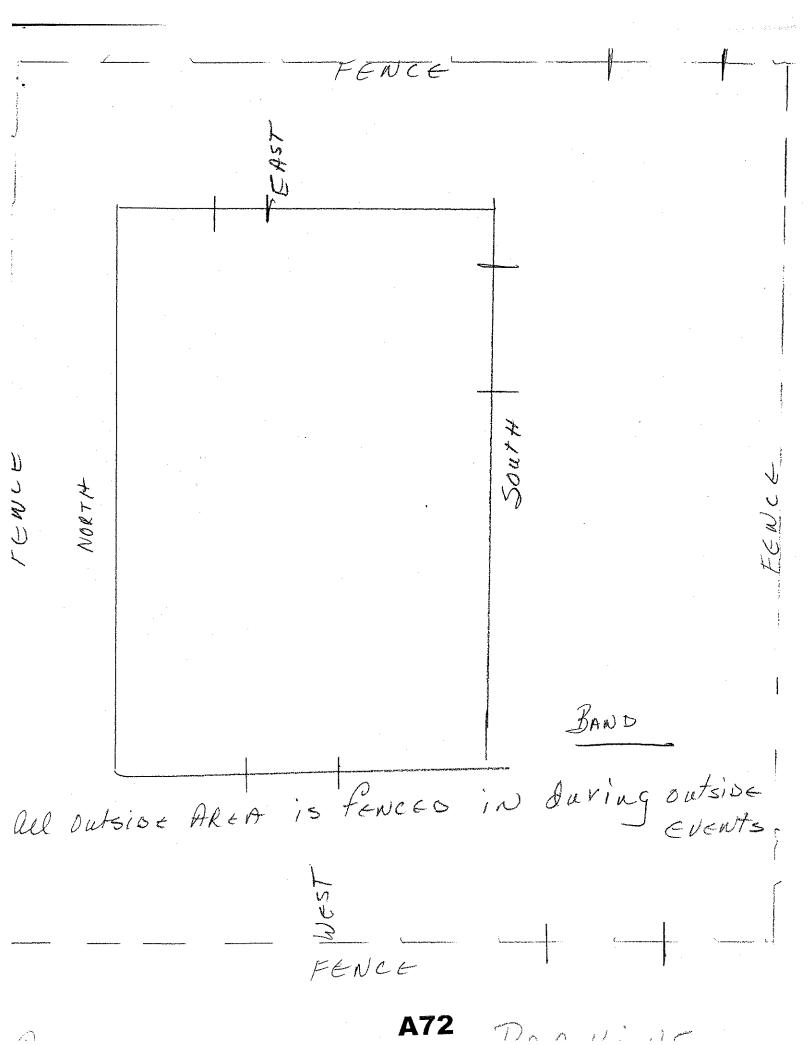
FOR ELUC USE ONLY

County	Clerk's	Office

1.	Proper Application	Date Received:
2.	Fee	Amount Received:
	Sheriff	<u>''s Department</u>
1.	Police Record	Approval: Date:
2.	Credit Check	Disapproval: Date:
Ren	narks:	Signature:
	Planning &	Zoning Department
1.	Proper Zoning	Approval: Date:
2.	Restrictions or Violations	Disapproval: Date:
Ren	narks:	
Ren	narks:	Signature:
Ren		
Ren 		
	Environment &	Land Use Committee
1.	Environment & Application Complete	<u>Approval:</u>
1.	<u>Environment &</u> Application Complete Requirements Met	Approval: Date: Disapproval: Date:



Δ71





STATE OF ILLINOIS COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION, No. 2007-ENT-01 LODGING OF TRANSIENTS, AND RACEWAYS LICENSE \$100.00

THE OASIS OF PENFIELD INC

License is hereby granted to **Rebecca Hanson-Humphrey** 107 W. Plumb, Gifford IL to provide Entertainment/Recreation at 2705CR 3000N, Penfield IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

`	· ·	Ear Of	ffice Use Only
ALL THE CHART ST. THE	STATE OF ILLINOIS, Champaign County Application for: Recreation & Entertainment License	License No	2007-ENT-01
Ordinan Other Bu	ions for License under County ce No. 55 Regulating Recreational & usinesses within the County (for use esses covered birthis Ordinance other ssage Partnes and smilar enterprises) NUV - 3 2005	License Fee: Filing Fee: TOTAL FEE: DUE Checker's Signature:	\$ <u>100.00</u> \$ <u>4.00</u> \$ <u>104.00</u> KA
Filing Fe	Clerk's Filing Fee:	\$ 100.00 \$ 10.00 \$ 4.00	

Checks Must Be Made Payable To: Mark Shelden, 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:

- Name of Business: The Oas's of Penfield, Inc.
 Location of Business for which application is made: <u>2705 Co. Rd.</u> 3000 N Penfield, The G/862
 - 3. Business address of Business for which application is made: <u>2705 Co.Cd. 3000</u> N Rowfred IIC 6/B62
 - 4. Zoning Classification of Property:

Α.

- 5. Date the Business covered by Ordinance No. 55 began at this location:
- 6. Nature of Business normally conducted at this location: Restaraut / Bar
- 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ, Karaeke, Bands, Arnwement Machines, Jukebox
- 8. Term for which License is sought (specifically beginning & ending dates):
 - (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? $\frac{1}{1000}$
- 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: <u>Pokana Rigdon</u>, <u>STI Vespe</u>S
- 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.

INCOMPLETE FORMS WILL NOT SIDERED FOR A LICENSE AND WILL BE RETUR A74 APPLICANT

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:	Date of Birth:
Place of Birth:	Social Security No.:
Residence Address:	
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.

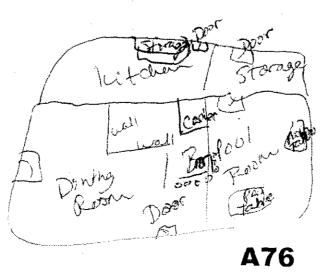
Additional forms containing the questions may be obtained from the County Clerk, if necessary, for attachment to this application form.

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): <u>Rebecca Harson-</u> <u>Humphrey</u> (<u>Becky</u>) (<u>Gellapher</u>)
 Date of Birth: <u>Place of Birth:</u> <u>Champary Lurboyne</u>
 Social Security Number: <u>Ditizenship:</u> <u>Cif. 2000</u>
 If naturalized, state place and date of naturalization:
 2. Residential Addresses for the past three (3) years: <u>107 w. Plumb</u> St., <u>Cifford</u>; 1
 - 3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: The Oasts of Perfection The

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: The Observer of Performed Trace
 - 2. Date of Incorporation: Jac. 1995 A75 + wherein incorporated: IC

Gi	ve first date qualified to do business in Illinois:
Bu	siness address of Corporation in Illinois as stated in Certificate of Incorporation: 2705 CARL 300N Ponfield, IL (01862
 Ob	jects of Corporation, as set forth in charter: Service, Quality food
Na Da Da Cit	mes of all Officers of the Corporation and other information as listed: me of Officer: <u>Rebecca Herson-Humphrey</u> Title: <u>President</u> te elected or appointed: <u>Sept. 7, 2004</u> Social Security No.: te of Birth: <u>Place of Birth: Upbane</u> <u>Marcy the</u> izenship: <u>U.S. Citizen</u> aturalized, place and date of naturalization: <u></u>
Re	sidential Addresses for past three (3) years: 107 w. Plumb St. Giffords
Bu	siness, occupation, or employment for four (4) years preceding date of application for
this	ilicense: The Dasis of Parfield, Inc.



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
	Not	tary 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.

Redena An-thoras Signature of President	Gebeura Jan-Hand Signature of Secretary
	Signature of Manager or Agent
Subscribed and sworn to before methis	3rd day of NOVEMBE, 2006.
*OFFICIAL SEAL" NORA M. STEWART Notary Public, State of Illinois	Mon M. Steria
My commission expires 06/26/10	Notary Public
This <u>COMPLETED</u> application along with	A77 iate amount of cash, or certified check CLERK, must be turned in to the Champaign



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:		
	2.	Fee	Amount Received:		
		Sherifi	<u>'s Department</u>		
	1.	Police Record	Approval:	Date:	
	2.	Credit Check	Disapproval:	Date:	
	Ren	narks:	Signature:		
	· •••••••		Zoning Department		
	1.	Proper Zoning	Approval:	Date:	
	2.	Restrictions or Violations	Disapproval:	Date:	
	Ren	narks:			
	·				
	1.	Application Complete	Approval:	Date:	
	2.	Requirements Met	Disapproval:	Date:	
			Signature:		
	Rem	narks and/or Conditions:			



STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,No. 2006-ENT-02LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

NOT TRANSFERABLE

ROCK THE SHED INC.

License is hereby granted to **STEVEN WILLARD** 552CR 2425N, Dewey IL to provide Entertainment/Recreation at 552CR 2425N, Dewey IL in Champaign County from November 1, 2006 thru December 31, 2006. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission



	FILED
STATE OF ILLINOIS,	OCT 3 1 2006
Champaign County	
Application for:	Mark Shelden
Recreation & Enterta	DAMEDISK COUNTY CLERK

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 Of	ffice Use Only
License No.	2006-02
Date(s) of Event(s)	yeoley
Business Name: Bu	A THE SHED Inc
License Fee:	\$
Filing Fee:	\$
TOTAL FEE:	\$
Checker's Signature:	MA

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

Checks Must Be Made Payable To: Mark Shelden, 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:

- Name of Business: _ rock the : Α. 1. Location of Business for which application is made: 1556 CR. 2425 N 2. Dewey, IL 61840
 - Business address of Business for which application is made: 552 CR 3. 2 61840 2425 N Dewey
 - Zoning Classification of Property: Conservation recreation 4.
 - Date the Business covered by Ordinance No. 55 began at this location: 3 5.
 - Nature of Business normally conducted at this location: all age music 6.
 - Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): /i/e music
 - Term for which License is sought (specifically beginning & ending dates): 8. (NOTE: All annual licenses expire on December 31st of each year)

- Do you own the building or property for which this license is sought? _____ 9.
- If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires: Helen Willard, SSGCR, 2425 N. Dewey, Ol 61840. Month to month Jeane.
- If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this 11. application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

INCOMPLETE FORMS WILL NOT AND WILL BE RETUR A80

ISIDERED FOR A LICENSE APPLICANT

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:	Date of Birth:	
Place of Birth:	Social Security No.:	
Residence Address:		
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): ______

<u>Steven L. Willard</u> Date of Birth: _____ Place of Birth: <u>Champaign</u> <u>Ol</u> Social Security Number: <u>Citizenship: <u>U.S. Citizen</u> If naturalized, state **place** and **date** of naturalization: Residential Addresses for the past three (3) years: <u>552 CR</u> <u>2425 N</u></u>

Dewey, De 61840

3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: <u>University of Illinois</u>

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:

2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered: <u>rock the Shed</u>, inc.
- 2. Date of Incorporation: 3/4/c **A81**

State wherein incorporated: IL

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

Give first date gualified to do business in Illinois: Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. 552 CR, 2425 N, Dewey, De 61840 Objects of Corporation, as set forth in charter: drug - hee alcohor 5. hvirment Names of all Officers of the Corporation and other information as listed: 6. Name of Officer: <u>Steven</u> willard Title: <u>President</u> Date elected or appointed: <u>3/4/05</u> Social Security No.: Place of Birth: Champaign Date of Birth: _____ Citizenship: ______ *U.S. Citizen* If naturalized, place and date of naturalization: _ Residential Addresses for past three (3) years: 552 CR, 2425N, Dewey, De 61840 Business, occupation, or employment for four (4) years preceding date of application for this license: University of Delinois

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.

application.	-1 1 1
JECE WillAR	- X - 3N - Sh
Signature of President	Signature of Secretary
	Fre WillArd
	Signature of Manager or Agent
Subscribed and sworn to before me this	OKL day of Ockeber, 2006.
CÁROL KAINEG NOTARY PUBLIC - STATE OF KLINOIS MY COMMISSION EXPIRES 24/25/06	Jaco Paing
funnen nan an a	Notary Public
This <u>COMPLETED</u> application along with the manual provoble to MARK SHELDEN. CHAMPAIGN	A83 te amount of cash, or certified check LERK, must be turned in to the Champaign



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

FOR ELUC USE ONLY

County Clerk's Office

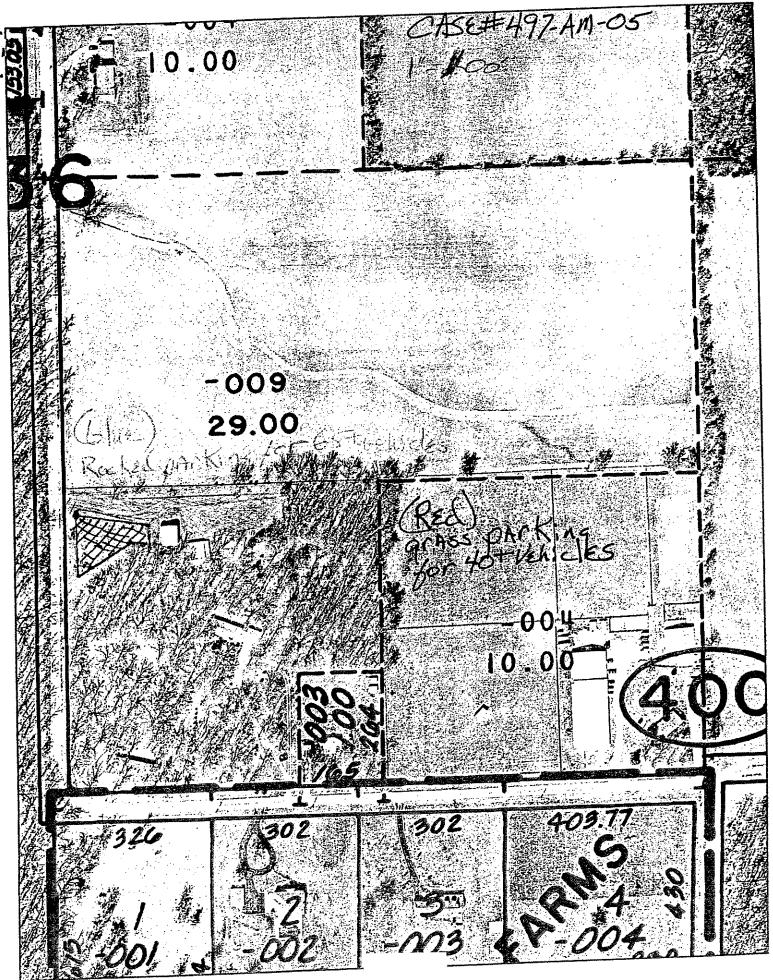
1.	Proper Application	Date Received:	
2.	Fee	Amount Received:	
	Sherit	ff's Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Ren	narks:	Signature:	
-			
	Planning &	Zoning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	Date:
Ren	narks:	Signature:	
	Environment &	& Land Use Committee	
1.	Application Complete	Approval:	Date:
2.	Requirements Met	Disapproval:	Date:
		Signature:	
Ren	narks and/or Conditions:		

550 EAST CASE# 497-AM-05 150' North \rightarrow "the shed" () () 6 40' 480 slid ing 7' 30 Side (west) FRONT (North) 1"=10 150' 1" = 80' iz 14, 40'-714 30 6 sike (cast) BACK (south)

Δ85

CK5=#497-AM-05

to center line of CR550E 660 0 Grass Parking 335' Ň GRAVE र्ट the shed 00 (10) GRAVEL lass Ø PARKING 32 120' 462 CR.550 EASt North 1"= 100' 4.10 SEPTIC HANK E.F. CR-2425N 200'



A87

Sherry Newton - Treasurer 1306 E. Kimela Mahamet, De 61853 appointed 3/4/05 Place of birth: India U.S. Citizen employment: Alan & Ryle Companies Micah Boyce - Vice President 202 W. Roplin Cissne Park, Ol 60924 appointed: 3/4/05 Place of birth: Urbana, De U.S. Citizen employment: musician

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	an Illinois attorney; vable to the Secret		MAR 0/4 20		PLAT A	ACT: 0
			JESSE WHITE SECRETARY OF S	ATE	PLAT I	AGE:
			File# 6411-82		Filing Fee: \$ 5	0.00 Approved:
	Si	Ibmit in duplicale	Type or Print clearly in blac	(ink	-Do not write above thi	is line
		· · ·	rock the chod	inc	1	
	Article 1. T	he name of the corpor	ration is: rock the shed,			
				net and register	ared office are:	
			of the initial registered ag	en anu regisi		
		ed Agent Steven First Name	L. Middle Na	me	Willard Last Name	
	Register	ed Office 552 CR 2	425 N			
		Number Dewey	Sireel	(S) 1840	uile #) (A P.O. Box alor	Champaign
i		City	6 /fuir	IP Code		County
		he first Board of Direc and as follows:	Nol less that		mber, their names	and addresses
	Directors Na	mes Street Addr	ess	City	State	ZIP Code
,						
			5 N, Dewey, IL 61840			<u> </u>
	Peter Ruedi,	1308 E. Kimela D	or., Mahomet, IL 6185	3		
	Sherry Newt	on, 1306 E. Kimel	a Dr., Mahomet, IL 61	853		
	Micah Boyce	, 1072 Pomona D	r., Champaign, IL 618	22		
	Brian Maroo	n, 205 E. Briarcliff	, St. Joseph, IL 61873			
	Article 4. Th	ne purposes for which	the corporation is organiz	ed are:		
	See Attached	• •				~
N # +		•				
Arter returi	recording	, avid C. Thies	5			
•	W	ebber & Thies		• .		
		.O. Box 189 rbana, IL 618	303-0189		•	.:
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C-157.14

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Article 4. (continued)

	Is this corporation a Condo	minium Asso	ciation as esta	ablished under	r the Condomi	nium Property	/ Act?	
	Yes	No No	(Check one)					
	Is this corporation a Cooper Code of 1954?	ative Housin	g Corporation (Check one)	as defined in	Section 216 o	f the Internal F	Revenue	
	Is this corporation a Home defined in subsection (c) of	eowner's Ass Section 9-10	sociation whic)2 of the code	h administers of Civil Proce	a common-ii dure?	nterest comm Yes 🗹	unity as No	
Article 5.	Other provisions (please us	se separate p	age if addition	al space is ne	eded):			
See A	ttached		7. 37. 7.	8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

Article 6.

NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated _	<u>February 28</u> , <u>2005</u> (Month & Day) (Year			
	(Month & Day) (Year, SIGNATURES AND NAMES		OFFICE ADDRES	SS
	Azen L. IDr (AId	1. 552 CR 242	5 N	
	Signature Steven L. Willard	Street Dewey	IL.	61840
	Name (please print)	City/Town	State	ZĮP
	2 Signature	2 Street		<u></u>
	Name (please print)	City/Town	State	ZIP
	3 Signature	3 Street		
	Name (please print)	City/Town	State	ZIP
	4. Signature	4 Street		
	Name (please print)	City/Town	State	ZIP
	5 Signature	5 Street		
	Name (please print)	City/Town	State	ZIP

(Signatures must be in <u>BLACK INK</u> on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

A90

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

Attachment to Articles of Incorporation for rock the shed, inc.

Article 4

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article 5

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 4. No substantial part of the activities of the corporation shall be the carrying on the propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

NOT TRANSFERABLE



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STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,No. 2007-ENT-02LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

ROCK THE SHED INC.

License is hereby granted to **STEVEN WILLARD** 552CR 2425N, Dewey IL to provide Entertainment/Recreation at 552CR 2425N, Dewey IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Application Ordinance Other Busine	ons for License e No. 55 Regu sinesses withi esses covered	county OCT 3 1 2006	License No Date(s) of Event(s)_	Fice Use Only 2007-07 UEAL 2007 OCK THE SHED Inc \$ 100.00 \$ 104.005 M
Filing Fe	es:	Per Year (or fraction thereof) Per Single-day Event: Clerk's Filing Fee:	\$ 100.00 \$ 10.00 \$ 4.00	· · · · · · · · · · · · · · · · · · ·

Checks Must Be Made Payable To: Mark Shelden, 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:

Α.

- 1. 2.
 - Dewey, Ol 61840 Business address of Business for which application is made: 552 3. 61840 Dewey
 - Zoning Classification of Property: <u>Conservation Recr</u> Date the Business covered by Ordinance No. 55 began at this location: Kerrow 4.
 - 5.
 - Nature of Business normally conducted at this location: <u>all as</u> 6.
 - Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): live
 - Term for which License is sought (specifically beginning & ending dates): 8. 1/07- 12/31/07

(NOTE: All annual licenses expire on December 31st of each year)

- Do you own the building or property for which this license is sought? 9.
- If you have a lease or rent the property, state the name and address of the owner and 10. when the lease or rental agreement expires: Helen Willard SSGC. Of 61840, Month to month lease. 2425 N Dewey
- If any licensed activity will occur butdoors attach a Site Plan (with dimensions) to this 11. application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

INSIDERED FOR A LICENSE INCOMPLETE FORMS WILL NO AND WILL BE RETULA93 O APPLICANT

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:	Date of Birth:	
Place of Birth:	Social Security No.	•
Residence Address:		·

2.

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.

Name(s) of owner(s) or local manager(s) (include any aliases): 1. C.

Steven L. Willard Place of Birth: champaign, Ol Date of Birth: izenship: <u>U.S. Citizen</u> Social Security Number: If naturalized, state place and date of naturalization: _ Residential Addresses for the past three (3) years: 552 CP 2425 N Dewey De 61840

Business, occupation, or employment of applicant for four (4) years preceding date of 3. application for this license: University of Illinois

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

Answer only if applicant is a Corporation: D.

> Name of Corporation exactly as shown in articles of incorporation and as registered: 1. rock the shed inc.

2

Date of Incorporation: 3/4/0 A 94 State wherein incorporated: IL

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:

552 CR 2425N Dewey Ol 61840 Objects of Corporation, as set forth in charter: Arus hel, an 5. Names of all Officers of the Corporation and other information as listed 6. Name of Officer: Steven Willard Title: Preside Date elected or appointed: 3/4/05 Social Security No.: Date of Birth: _____ Place of Birth: _ <u>Champaig</u> Citizenship: __<u>U.S.</u> <u>Citizen</u> If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 552 CR, 2425 Q 61840

Business, occupation, or employment for four (4) years preceding date of application for this license: <u>University of Illinsis</u>

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			
	2000 - 200		
day of	, 20		
	•		
Notary			
	day of		

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.

application.	
Fire WillArd	Shen shund
Signature of President	Signature of Secretary
	Steve WillArd
	Signature of Manager or Agent
CAROL KAINEG NOTARY PUBLIC - STATE OF KLINOK	<u>gove</u> day of <u>Occoper</u> , 2006.
MY COMMISSION EXPIRES:04/2005	Notary Public
This <u>COMPLETED</u> application along wit	h the riate amount of cash, or certified check
	GN /196 CLERK, must be turned in to the Champaign



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

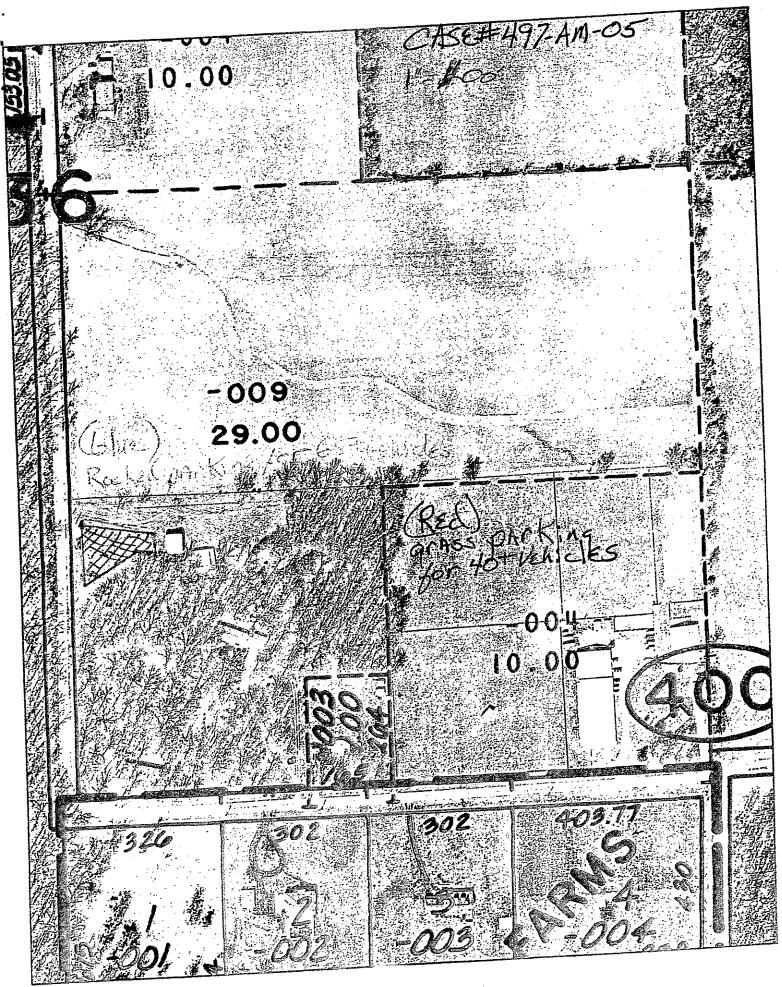
FOR ELUC USE ONLY

	Cou	nty Clerk's Office	
1.	Proper Application	Date Received:	<u></u>
2.	Fee	Amount Received:	
	Sherit	f's Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Rem	arks:	Signature:	·
1.	Proper Zoning		Date:
	Planning &	Zoning Department	
2.	Restrictions or Violations	Disapproval:	Date:
Rem	arks:	Signature:	
		& Land Use Committee	
1.	Application Complete	Approval:	Date:
2.	Requirements Met	Disapproval:	Date:
		Signature:	
Rem	narks and/or Conditions:		
Rem		·	
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550 EAST CASE# 497-AM-05 150' North \rightarrow "the shed" 300 6 40 480 slid ling doors 3 FRONT North) 45 -4----Side (west) 150' <u>|" = 80'</u> j.g 14' 40'-716 4 3c sike (east) BAck outh) A**98**

CASE# 497-AM-05

to center line of CR550K 66 0 Grass Parking 3.35' ò the shed GRAVE ž 80 GNAVEL àss ${\mathscr S}$ DARKING 120' 460 CR.550 EASt North 1"= 100" 6.60 SEPTIC HANK E se CR-2425N 200'



Sherry Newton - Treasurer 1306 E. Kimela Mahomet, Dl 61853 appointed 3/4/05

Place of birth: Indea U.S. Citizen employment: Alan & Ryle Conpanies.

Micah Boyce - Vice President 202 W. Roplin Cissna Park, Ol 60724 appointed: 3/4/05

Place of birth: Urbana, Il U.S. Citizen employment: musician

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		2.10 (rev. Dsc. 2003) CORPORATION					RECORDED ON	
ŧ		rofit Corporation Act		•		03/05	9/2005 01:3	36:33PI
Dep	e White, Sech artment of Bus ngfield, iL 627	siness Services				RECOR	PAIGN COUNTY Rder Ar a A. Frasc	
Tele	phone (217) 7 v.cyberdriveilli	82-9522				REC I	FEE: 25.00	ð
Ren	nit payment in t	the form of a cashier's	•	FILED		REV I	FEE:	
or an	n Minois attorn	eck, money order ey's or CPA's check		IAR 0 4 2005		PAGES	5: 3	
рауа	able to the Sec	cretary of State.	•			PLAT	ACT: Ø	
			8EC	JESSE WHITE RETARY OF STATE		PLAT	PAGE:	
		······································	_ File #(0411-827-7		Filing Fee: \$	50.00 Approved	d:
		-Submit in duplicate	Type or Pri	int clearly in black ink-		Do not write above t	ihis line	
	Article 1.	The name of the corpo	ration is:rock	the shed, inc.		1 		
								•
	Article 2:	The name and address	s of the initial r	registered agent a	and registere	d office are:		
	Regis	stered Agent Steven		<u>L.</u>		Willard		-
	Reois	Stered Office 552 CR 2	425 N	Middle Name		Last Name		
		Number Dewey	Stri	eet 11 6184		e #) (A P.O. Box al	one is not acceptable Champaign	
.}		City		S (five)	ode		County	
·	Article 3:	The first Board of Direc being as follows:	tors shall be	5 (five) (Not less than three	ee)	per, their name	s and addresse	s
	Directors	Names Street Add	ress	C	City	State	ZIP Code	-
	Steven L.	Willard, 552 CR 242	25 N, Dewey	y, IL 61840				₩.
	Peter Rue	edi, 1308 E. Kimela I	Dr., Mahom	et, IL 61853				-
	Sherry Ne	ewton, 1306 E. Kimel	la Dr., Maho	omet, IL 61853				-
	Micah Bo	yce, 1072 Pomona D	Dr., Champa	aign, IL 61822				-
	Brian Mar	roon, 205 E. Briarcliff	i, St. Josepl	h, IL 61873				-
	Article 4.	The purposes for which	h the corporat	ion is organized a	re:			
	See Attac	hed						-
After return	recordi to:	David C. Thie						
		Webber & Thie P.O. Box 189 Urbana, IL 61	-) · · ·	·		÷	
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	C-157.14				-			
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Article 4.	(continued)

Is this corporation a Condor	minium /	Association as established under the Condominium Property Act?
🗌 Yes	No No	(Check one)

Is this corporation	a Cooperati	ve Housin	g Corporation as defined in Section 216 of the Internal Re	evenue
Code of 1954?	☐ Yes	🗹 No	(Check one)	

Is this corporation a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? Yes No

(1995年))))) 1997年 - 1997年(日本)

Article 5. Other provisions (please use separate page if additional space is needed):

See Attached

Article 6.

NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of incorporation are true.

05 . ar)		
,	OFFICE ADDRE	SS
1, 552 CR 242	5 N	
Street Dewey	i.	61840
City/Town	State	ZIP
2 Street		
City/Town	State	ZIP
3 Street		······
City/Town	State	ZIP
4 Street		
City/Town	State	ZIP
5 Street		
City/Town	State	ZIP
	Air) POST 1. <u>552 CR 242</u> Street <u>Dewey</u> City/Town 2. <u>City/Town</u> 3. <u>City/Town</u> 4. <u>City/Town</u> 5. <u>City/Town</u> 5. <u>Street</u>	POST OFFICE ADDRE: 1. 552 CR 2425 N Street Dewey IL City/Town State 2. City/Town State 3. City/Town State 4. City/Town State 5. City/Town State 5. City/Town State

(Signatures must be in **BLACK INK** on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- · The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

A103

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

Attachment to Articles of Incorporation for rock the shed, inc.

Article 4

. .)

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article 5

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 4. No substantial part of the activities of the corporation shall be the carrying on the propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,No. 2007-ENT-02LODGING OF TRANSIENTS, AND RACEWAYS LICENSE\$100.00

NOT TRANSFERABLE

ALTO VINEYARDS

License is hereby granted to **James P. Dubnicek** to provide Entertainment/Recreation at 4210 Duncan Rd., Champaign IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

Ordinanc Other Bu by busine	STATE OF ILLINOIS Champaign County Application for: Recreation & Enterta ons for License under e No. 55 Regulating R sinesses within the Co esses covered by this of sage Parlors and simi	NOV 2 2006 ainmentation country cu County Recreational & ounty (for use Ordinance other	License No	fice Use Only 2007-ENT-02 JAN. 1 THRU DEC. 31, 2007 TO VINEYARD \$ 100.00 \$ 4.00 \$ 104.00 JAN. 1 THRU DEC. 31, 2007 S 100.00
Filing Fe	Per Sir	ar (or fraction thereof): ngle-day Event: Filing Fee:	\$ 100.00 \$ 10.00 \$ 4.00	

Checks Must Be Made Payable To: Mark Shelden, 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: <u>HETO UNEYAROS CHAMPAIGN</u>			
	2.	Location of Business for which application is made: <u>DUNCAN Ke</u>			
<u>.</u>	3.	Business address of Business for which application is made: 4210 N. DUNCAN LO, CHAMBAN, IL. 61822			
	4.	Zoning Classification of Property: <u>B-2</u>			
	5.	Date the Business covered by Ordinance No. 55 began at this location: 11-01			
	6.	Nature of Business normally conducted at this location: KETAIL WINE			
	7.	AND CIFT CALES MEETING WELDINGS R Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): SMAK BAND CONCERTS MAY-SEFT.			
	8.	Term for which License is sought (specifically beginning & ending dates): <u>1-1-07</u> To 12-31-07			
		(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? <u>4ES</u>			
	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:			
·	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.			
INCOMPLETE FORMS WILL NO IDERED FOR A LICENSE AND WILL BE RETU A 106 PPLICANT					

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: MATT DICKSON	Date of Birth:
Place of Birth: Macanas IL.	Social Security No.:
Residence Address: 1004 S. GARFIELO	
Citizenship: <u>UE</u> 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: CHICKOD LC.
Social Security Number:	Citizenship: <u>4ES</u>
If naturalized, state place and	date of naturalization:
Residential Addresses for the p	
176 1. 6. 90	125 N.

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:

2.

- 1. Name of Corporation exactly as shown in articles of incorporation and as registered:
- 2. Date of Incorporation: 4-11-88 A107 tate wherein incorporated: Illinois

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

Give first date qualified to do business in Illinois: 4-11-SSBusiness address of Corporation in Illinois as stated in Certificate of Incorporation: 4. KOUTE #1 Box SI B TAD. Objects of Corporation, as set forth in charter: KETAIL/WHOLESALE WINE SALES 5. Names of all Officers of the Corporation and other information as disted: 6.

 Name of Officer:
 PAUL
 RENERCEIA
 Title:
 Place of Birth:

 Date of Birth:

 Place of Birth:

 MINNER FELIS, MINN.

 UES Citizenship: If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: HARRIS LANE To Business, occupation, or employment for four (4) years preceding date of application for this license: INEGALON LTD.

3.

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

Give first date qualified to do business in Illinois: 4-11-39Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. ROUTE #1 Box SI 0 PAS IL. 1.290' Objects of Corporation, as set forth in charter: KETAK/WHOLESALE WINE SALES 5. Names of all Officers of the Corporation and other information as listed: Name of Officer: <u>Guy KENCACLIA</u> Title: <u>UILE RESIDENT</u> 6. Social Security No.: _4ES Citizenship: If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 325 LAKE KO . 62966 MULCPHUSBORD, IL. Business, occupation, or employment for four (4) years preceding date of application for this license: LETIRED

3.

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

Give first date qualified to do business in Illinois: 4-11-22Business address of Corporation in Illinois as stated in Certificate of Incorporation: 4. ROUTE #1 Box SI 0 PAS. IL. 1290 Objects of Corporation, as set forth in charter: KETAIL WHATESALE WINE SALES 5. Names of all Officers of the Corporation and other information as listed: 6. Name of Officer: ADELLE KENERCLIA Title: SECRETARY Social Security No.: Date elected or appointed: Place of Birth: CATENIA SASKATCHEWAN, CAM Date of Birth: 465 Citizenship: If naturalized, place and date of naturalization: MAHOMET IL. 61853 Business, occupation, or employment for four (4) years preceding date of application for this license: LUINOIS

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 o	f two members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Not	ary 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.

application. Signature of President Signature of Secretary Signature of Manager or Agent 20 (U Subscribed and sworn to before me this dav of "OFFICIAL SEAL" MICHAEL CARTER Notary Public, State of Illinois Notary Public My commission expires 04/10/08 rte amount of cash, or certified check This COMPLETED application along with the made payable to MARK SHELDEN, CHAMPAIGN C LERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St., Urba 61802. A \$4.00 Filing Fee should be included.

A - RETAIL SHOR STORAGE B - RETAIL SALES STORAGE C- GAZEBO (STACE) D- GREENHOUSE (NOT USED) 405' SEPTIC DRAIN FIELD RD. 10' PARKTHE DRIVE DUNCAN 0 × C 80'-DEUL PARKING 840 PARKING A112



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:	
2.	Fee	Amount Received:	
	Sheri	ff's Department	
1.	Police Record	Approval:	Date:
2.	Credit Check	Disapproval:	Date:
Ren	narks:		
			·····
	Planning 8	Zoning Department	
1.	Proper Zoning	Approval:	Date:
2.	Restrictions or Violations	Disapproval:	Date:
Ren	narks:	Signature:	
	Environment	& Land Use Committee	
1.	Environment a	<u>& Land Use Committee</u> Approval:	Date:
1.		Approval:	
	Application Complete	Approval:	Date:
2.	Application Complete	Approval: Disapproval: Signature:	Date:



STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, No. 2007-HM-12 LODGING OF TRANSIENTS, AND RACEWAYS LICENSE \$100.00

NOT TRANSFERABLE

TRAVELERS STAY INN

License is hereby granted to **Jintendra R. Patel** 710 Indigo, Savoy IL to provide Entertainment/Recreation at 1906 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

STATE OF ILLINOIS, Champaign County Application for Hotel/Motel License Application for License under County Ordinance Licensing and Regulation of Public Lodging Facilities within the County.	FOR OFFICE USE ONLY License No.: <u>2007–H–12</u> Business Name: TRAVELERS STAY INTE License Fee: \$ <u>200.00</u> Filing Fee: \$ 4.00 TOTAL FEE: DUE \$ 204.00 Clerk:
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The Filing Fee for a Hotel/Motel License is \$25.00 plus \$3.00 for each room available for occupancy. In no case shall the total fee exceed \$200.00. An additional \$4.00 Clerk's Fee should be added for the issuance of the license. All checks should be made payable to the Champaign County Clerk.

The undersigned individual, partnership, or corporation hereby makes application to the County Board of hampaign County, Illinois, for a license pursuant to County Board Ordinance No. 5, to operate and maintain a otel/Motel for the use of the general public outside of the limits of any City, Village, or incorporated Town, and in upport of said application, makes the following statements under oath.

••	Name of Business:	RAVI-YASH	INC	S/S/A	TROVELERS STAY IN
2.	Location of Business for				CUDULDGAM MUS

URBOND-IL- GISOL

- 3. Number of rooms available: 96
- 4. Name, age, and address of the applicant; and in case of a copartnership, the name, age, and address of all persons who share in the profits; and in case of a corporation, the name, age, and address of the directors of the corporation, are:

NAME	AGE		ADDRESS	
JITENDRA R PATEL	45	700	ZNOZLO DO	rE
NOTWOR M POTEL	48	5A	ZNDILO AU VOY -IL- 618	74
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
5. Is applicant a citizen of the United States Place of birth: $\underline{T} \mu D z A$	s of America?	Yes	No	
If naturalized, place and date of naturaliz	ation: <u>CHEC</u>	Abo - 21		
6. The applicant intends to operate or main DUE , $URBMA - ZL$	tain the above busine	ess at: <u> </u>	N. CHAINTA	Кушы
	AFFIDAVIT			
	, being first (duly sworn on his oa	th, deposes and	
states that he is the identical person who and all of the statements made therein a	se name is signed to			
Titenahe & Pater		Nation m	Patel	
Signature of Applicant	Sig	nature of Applicant		
Signed and sworn to before me this	day of _ ال	WEMBER	, 20 <u>06</u> .	
"OFFICIAL SEAL" KATHY B. NICHOLAS			DieQu	
Notary Public, State of Illing It is understoot that any selation by the States, or of any Resolution or Ordinance of the	boligant of any of the	laws of the State o	f Illinois or of the Unite	d
States, or of any Resolution of Ordinance of the	County Board of the	e County of Champ	aign, Illinois, in thecon	duct of
the business aforesaid, shall be grounds for the	e revocation of any lic	cense issued hereu	nder.	

5^{:: \$_}

Amount of License Fee Accompanying 7