# Environment & Land Use Committee Agenda

## December 10, 2007



6:30 p.m.

Lyle Shields Meeting Room Brookens Administrative Center 1776 East Washington, Urbana, Il 61802 (217) 384-3708 Members:

#### Champaign County Environment & Land Use Committee

Jan Anderson, Chris Doenitz, Matthew Gladney,

Brad Jones, Ralph Langenheim, Carrie Melin, Steve Moser, Jon Schroeder (VC), Barbara Wysocki (C)

Time:

Date:

December 10, 2007

6:30 p.m.

Place:

Lyle Shields Meeting Room Brookens Administrative Center

1776 E. Washington St.

Urbana, Illinois

Phone:

(217) 384-3708

#### **AGENDA** Old Business shown in Italics

- 1. Call to Order
- 2. Approval of Agenda
- 3. Approval of Minutes (November 13, 2007) (To be mailed separately)
- 4. Public Participation
- 5. Correspondence

A. Siting and Taxing Wind Farms in Illinois Conference

1 thru 2

6. A. Recreation and Entertainment License: Alto Vineyards, 4210 N. Duncan Rd, Champaign, IL. January 01, 2008 through December 31, 2008

3 thru 12

B. Recreation and Entertainment License: Elmer's Club 45, Inc. d.b.a. Club 45 Banquet Hall, 3515 N. Cunningham Av, Urbana, IL January 01, 2008 through December 31, 2008

13 thru 19

C. Recreation and Entertainment License: Curtis Orchard LTD, 3902 S. Duncan Rd, Champaign, IL January 01, 2008 through December 31, 2008

20 thru 29

D. Recreation and Entertainment License: Gordyville, LLC, 2205 CR 3000N, Gifford, IL January 03, 2008 through January 05, 2008 (tractor pulls)

30 thru 42

E. Recreation and Entertainment License: Hideaway of the Woods Bar & Grill, 809 S. Prairieview Rd, Mahomet, IL January 01, 2008 through **December 31, 2008** 

43 thru 55

F. Recreation and Entertainment License: Honeybee Productions, Inc d.b.a. Malibu Bay Lounge, 3106 N. Cunningham Av, Urbana, IL January 01, 2008 through December 31, 2008.

56 thru 64

## ENVIRONMENT AND LAND USE COMMITTEE AGENDA DECEMBER 10, 2007 PAGE 2

G.	Recreation and Entertainment License: Lake of the Woods Bar and Grill, 204 S. Prairieview Rd, Mahomet, IL January 01, 2008 through December 31, 2008.	65 thru 72
н.	Recreation and Entertainment License: Last Call for Alchol, Inc, 105 Main St, Penfield, IL January 01, 2008 through December 31, 2008	73 thru 80
I.	Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. Pink House, 2698 CR 1600N, Ogden, IL January 01, 2008 through December 31, 2008	81 thru 88
J.	Recreation and Entertainment License: Rock the Shed, Inc, 552 CR 2425N, Dewey, IL January 01, 2008 through December 31, 2008	89 thru 98
K.	Recreation and Entertainment License: Shirley's Oasis, 2705 CR 3000N, Penfield, IL January 01, 2008 through December 31, 2008	99 thru 106
L.	Recreation and Entertainment License: Tincup RV Park Inc, 1715 E. Tincup Rd, Mahomet, IL January 01, 2008 through December 31, 2008	107 thru 113
M.	Recreation and Entertainment License: Uncle Buck's Sports Bar Inc, 215 Lake of the Woods Rd, Mahomet, IL January 01, 2008 through December 31, 2008	114 thru 120
N.	Hotel/Motel License: Motel 6, 1906 N. Cunningham Ave, Urbana, IL January 01, 2008 through December 31, 2008	121 thru 122

- 7. Proposed Intergovernmental Agreement regarding development pursuant to municipal annexation agreement that is more than one-and-one half miles from the municipality. (Information to be distributed at meeting)
- 8. Monthly Report (October; and November, 2007)

(Information to be distributed at meeting)

- 9. Other Business
- 10. Determination of Items to be placed on the County Board Consent Agenda
- 11. Adjournment



## Siting and Taxing Wind Farms in Illinois

Pere Marquette Hotel Peoria, IL December 13, 2007

The Illinois Wind Working Group (IL WWG) is holding its second conference, "Siting and Taxing Wind Farms in Illinois," on December 13, 2007 at the Pere Marquette Hotel in Peoria, IL. The conference covers all aspects of wind energy siting and taxation. Sessions will cover the duties of County Boards and Zoning Boards regarding wind developments; the taxation of wind farms; and wind opposition—facts, myths and solutions. Speakers and Moderators include:

Jeanne Ropp, Livingston County Board
Phil Dick, McLean County Zoning Board
Daniel Slattery, Reed Smith
Kyle Barry, Vice President, Business Expansion, McGuire Woods LLP
Wes Slaymaker, EcoEnergy
Bill Whitlock, Horizon Wind Energy
Peter Poletti, Poletti and Associates, Inc.
James Griffin, Schain, Burney, Ross and Citron, Ltd.
Paul Lewis, Miller, Hall & Triggs
James J. Greenberger, Reed Smith LLP

More information about the organization and the conference is available at <a href="https://www.wind.ilstu.edu">www.wind.ilstu.edu</a>. Government employees, county board members and zoning board members may register for the conference at no cost. For all others, registration will be \$35.00.

Registration is now open.

The conference is hosted by Illinois State University through a grant from the U.S. Department of Energy and designed by the Illinois Wind Working Group which consists of the key wind energy stakeholders from the State of Illinois.

#### Hosted by:

ILLINOIS STATE UNIVERSITY



#### Illinois Wind Working Group

Sponsored by:

ReedSmith	Invenergy
The business of relationships.	
OLLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY	acciona Ploneers in development and sustainability
SCHAIN, BURNEY, ROSS & CITRON, LTD.	BABCOCK&BROWN
PPM Energy	



STATE OF ILLINOIS COUNTY OF CHAMPAIGN

**ENTERTAINMENT, RECREATION,** 

No. 2008-ENT-02

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

### NOT TRANSFERABLE

#### **ALTO VINEYARDS CHAMPAIGN**

License is hereby granted to James Dubnicek of 375CR 2425N, Mahomet IL to provide Recreation/Entertainment at 4210 N. Duncan Rd., Champaign IL in Champaign County from January 1, 2008 thru December 31<sup>st</sup>, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

Chairman, Champaign County License Commission

63



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

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

#### For Office Use Only

2008-ENT-02 License No. Date(s) of Event(s) Jan. 1 thru Dec. 31, 2008 Business Name: Alto Vinevards License Fee: \$ 100.00 Filing Fee: 4.00 TOTAL FEE: 104.00 MS

Filing Fees:

Per Year (or fraction thereof):

Per Single-day Event:

Clerk's Filing Fee:

\$ 100.00

Checker's Signature:

10.00

4.00

Checks Must Be Made Payable To: Mark Shelden, Champaig

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:

1.	Name of Business: ALTO VINEYALOS CHAMBAILN Location of Business for which application is made: NORTH of ROITE
2.	Location of Business for which application is made: NORTH of ROUTE
3.	Business address of Business for which application is made:  4216 N. DUNCAN KO. CHAMPAIGN, LL. 61822.
4.	Zoning Classification of Property: <u>8-2</u>
5.	Date the Business covered by Ordinance No. 55 began at this location: //-o/
6.	Nature of Business normally conducted at this location: VETAIL WINE
7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): SMACCBANO CONCERTS WAY-SEPT.
8.	Term for which License is sought (specifically beginning & ending dates): 1-1-08
	(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:
11	If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETURNE **PLICANT** 

purposes and parking spaces. See page 3, Item 7.

application showing location of all buildings, outdoor areas to be used for various

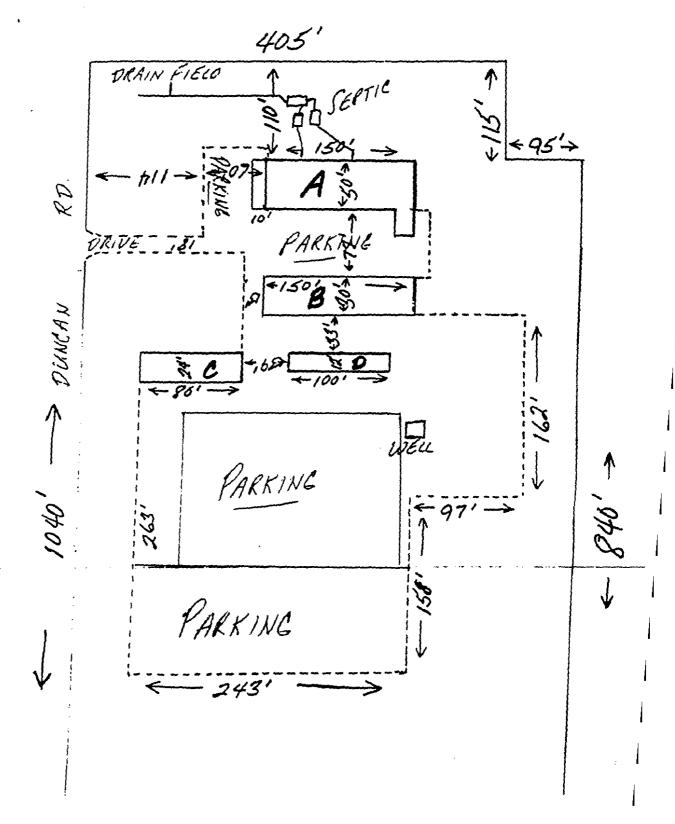
š.	follov locali	business will be conducted by a person other than the applicant, give the ving information about person employed by applicant as manager, agent or y responsible party of the business in the designated location:
	Name Place Resid	e: MATT DICKSON Date of Birth:  e of Birth: Me Comb II. Social Security No.:  dence Address: 1004 S. GARFIELD, UKBANA, II. 61861
	Citize	enship: If naturalized, place and date of naturalization:
	appli	ring the license period, a new manager or agent is hired to conduct this business, the cant MUST furnish the County the above information for the new manager or agent within 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: CHICAGO, IC.  Social Security Number: Citizenship: 465  If naturalized, state place and date of naturalization:
	2.	Residential Addresses for the past three (3) years:  375 C. R. 2425 N.  WI AHOMET, IL. 61853
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
D.	Ansv	ver <b>only</b> if applicant is a Corporation:
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:
	2.	Date of Incorporation: 4-11-88 te wherein incorporated: <u>ILCINOIS</u>

Susiness a	Idress of Corporation in ITE # 1 BOX. PASS, IL. 6	ess in Illinois: <u>4-11-88</u> Illinois as stated in Certificate of Incorpor	ration:
bjects of		31 2905	
bjects of		2985	
bjects of			
bjects of		Acron 11 hours	1.1.1 C
	orporation, as set forth	in charter: RETAIL /WHAKESAIE W	TINE JAC
		ation and other information as listed:  ACCIA Title: **PRESIDENT  Social Security No.:  Place of Birth: **INNEAPOLIS,**  The state of t	
lames of a	Officers of the Corpor	ation and other information as listed:	<del>,</del>
lame of O	icer: PHILL KENZ	ACCIA Title: PACOTOCNI	
ate electe	d or appointed:	Social Security No.:	
ate of Birl	1:	Place of Birth: WINNEAPOUS,	MINN.
itizenship	465		
naturalize	d, <b>place</b> and <b>date</b> of na	turalization:	
tesidential	Addresses for past thre	e (3) years:	
<u>&amp;</u>	7 MARKIS CANE		
	LTO PASS, IL. 63	2905	<u>, , , , , , , , , , , , , , , , , , , </u>
	naunation or amplayme	ent for four (4) years preceding date of ap	alication for
•	cupation, or employme	int for four (4) years preceding date of ap	plication for
nis license	= 1/11/2000	CTO.	
1		1.72:	

	Give first date qualified to do business in Illinois: $4-11-88$
	Business address of Corporation in Illinois as stated in Certificate of Incorporation:  ROUTE #1 BOX 51  ALTO PAD, I2. 62905
	ALTO PAS. IL. 62905
	Objects of Corporation, as set forth in charter: RETAIL WHOLSALE WINES,
	Names of all Officers of the Corporation and other information as listed:  Name of Officer:   Date elected or appointed:   Date of Birth:   Place of Birth:   Citizenship:   OKCINIA, WINN.
	Date elected or appointed:Social Security No.:
	Date of Birth: Place of Birth: UREINIA, WIINN.
	If naturalized, place and date of naturalization:
	Residential Addresses for past three (3) years:
	BOS CAKE KO. MIUKINYSBOLE, IL. 62966
	Business, occupation, or employment for four (4) years preceding date of application for
1	this license:
•	
•	

	Give first date qualified to do business in Illinois: 4-11-82
	Business address of Corporation in Illinois as stated in Certificate of Incorporation:
	ALTO PAIS, IZ. 62905
	Objects of Corporation, as set forth in charter: RETAIL WHOLSTALE WINES.
	Names of all Officers of the Corporation and other information as listed:
	Names of all Officers of the Corporation and other information as listed:  Name of Officer: HOULE KENZAGUA Title: SECRETARY  Date elected or appointed: Social Security No.:  Date of Birth: Place of Birth: EATONIA SASKATCHEURN, CA
	Date elected or appointed:Social Security No.:
İ	Date of Birth: Place of Birth: EATONIA SASKATCHEWAN, CA
(	Citizenship: YES
ļ	If naturalized, place and date of naturalization:
Ī	Residential Addresses for past three (3) years:
	Residential Addresses for past three (3) years:
_	MAHOMET, IL. 61853
_	
E	Business, occupation, or employment for four (4) years preceding date of application for
t	this license:
	this license: UNIVERSITY of ILLINEIS

A-RETAIL SHOP STOKAGE N B-RETAIL SACES STOKAGE C-GAZEBO (STACE) D-GREEN HOUSE (NOT USED)



#### **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 the	wo members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Notan	/ Public
	IDAVIT licant is a Corporation)	
being duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly constructed as such are authorized and empowered to exemplication.	on our personal knowledge and of Champaign to issue the licer not violate any of the laws of t inces of the County of Champa onstituted and elected officers	I information, and are use herein applied for he United States of aign in the conduct of said applicant and
Signature of President	James Di	of Secretary
Subscribed and sworn to before me this  M. CHRISTINE HUFF STUTLER  Notary Public. State of Illinois  My commission expires 03/01/08	M. Aristine	Manager or Agent  MELL, 20 97.  Mell State  Joseph Public

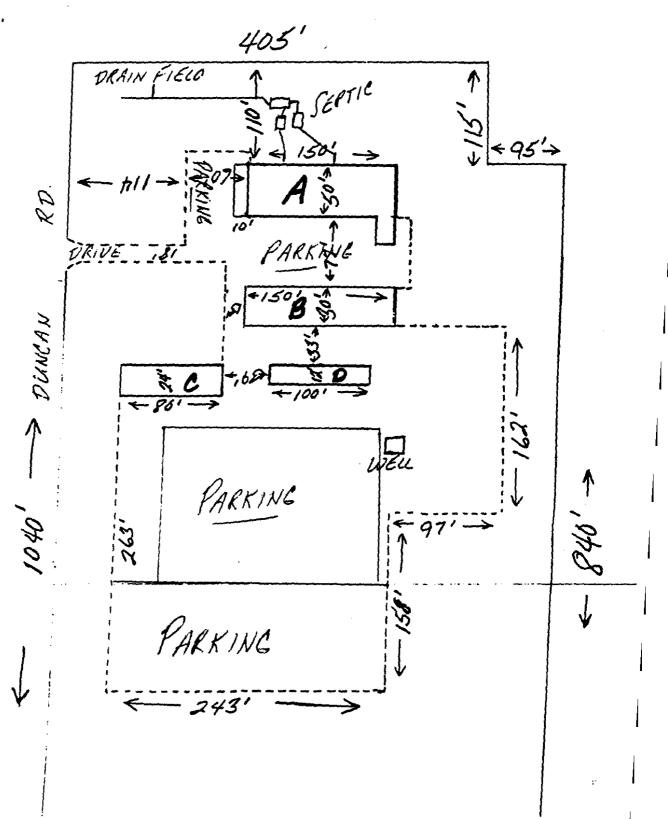
This <u>COMPLETED</u> application along with the appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN COUNTY OF ERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St., U 31802. A \$4.00 Filing Fee should be included



#### FOR ELUC USE ONLY

#### County Clerk's Office Proper Application Date Received: 11-6-07 1. Amount Received: (04-00 Fee 2. Sheriff's Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_\_\_ Police Record 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Check 2. Signature: CAPT Jen Vog/ Remarks: Planning & Zoning Department Approval: $\sqrt{12/03/07}$ Date: 12/03/07Proper Zoning 1. \_\_\_\_\_ Date: \_\_\_\_ Restrictions or Violations Disapproval: \_\_\_\_\_ 2. Remarks: 84 ZONING W/ CONDITIONS Signature: 2001 ZONING ADMIN. APPEARS TO CONFORM TO CONDITIONS **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ 2. Requirements Met Signature: Remarks and/or Conditions:

A-RETAIL SHOP STOKAGE N B-RETAIL SALES STOKAGE C-GAZEBO (STACE) D-GREEN HOUSE (NOT USED)





## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-ENT-08 \$100.00

NOT TRANSFERABLE

## ELMERS CLUB 45, INC. DBA CLUB 45 BANQUET HALL

License is hereby granted to Paul Van Pelt 1212 Windsor Rd., Champaign IL to provide Recreation/Entertainment at 3515 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN 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)

10101	moo c	,,,,,,	Office			
License No	20	008-	ENT-O	8		
Date(s) of Event(s)	Jan.	. 1,	thru	Dec.	31,	_20
Business Name:C1	ub 4°	Ba	nques	t Hal	1	
License Fee:	\$	10	0.00		······································	
Filing Fee:	\$	4.0	0			
TOTAL FEE:	\$	104.	00			
Checker's Signature:	$\overline{\alpha}$	'nζ				

For Office Use Only

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:

Α.	1.	Name of Business: ELMERS CLEB 45, INC. CLUB 45 BANQUET HALL
	2.	Location of Business for which application is made:
		3515 N. CUNNINGHAM URBANA IL 61802
	3.	Business address of Business for which application is made:
		P.O. BOX 965 LERBANA IL 61203
	4.	Zoning Classification of Property: 3-3
	5.	Date the Business covered by Ordinance No. 55 began at this location: 🗸 😊 🔾
	6.	Nature of Business normally conducted at this location: <u>PAR, NIGHTCULPS</u> RANGUET HALL
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided):   Output Control River R
	8.	Term for which License is sought (specifically beginning & ending dates):
		01-01-08 70 12-31-08
		(NOTE: All annual licenses expire on December 31st of each year)
	9.	Do you own the building or property for which this license is sought? No
	10.	If you have a lease or rent the property, state the name and address of the owner and
		when the lease or rental agreement expires: #BT-2/7
		602 N. COUNTRY FAIR DR CHAMPAIGN IL 61831
	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

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RET APPLICANT

purposes and parking spaces. See page 3, Item 7.6N FILE

Nam	e: PAUL VAN PEZT	Date of Birth:			
Place	e of Birth: CHALIPAIGN JL	Date of Birth: Social Security No.:			
Resi	dence Address: /2/2 WWDsaRR	D CHAMPAIGN TL 61821			
Citize	enship: If natura	alized, place and date of naturalization:			
appli	uring the license period, a new manage icant MUST furnish the County the abo 10) days.	er or agent is hired to conduct this business, the ove information for the new manager or agent within			
		ng questions must be supplied by the applicant, if an hare in profits of a partnership, if the applicant is a			
	If the applicant is a corporation, all supplied for the corporation and for	the information required under Section D must be each officer.			
	Additional forms containing the quenecessary, for attachment to this ap	stions may be obtained from the County Clerk, if oplication form.			
1.	Name(s) of owner(s) or local manager(s) (include any aliases):				
	Date of Birth:	Place of Birth:			
	Social Security Number:	Place of Birth: Citizenship:			
	If naturalized, state place and date	of naturalization:			
2.	Residential Addresses for the past t	hree (3) years:			
3.		nt of applicant for four (4) years preceding date of			
		TION D. OBTAIN ADDITIONAL FORM PAGES IF ND ATTACH TO THIS APPLICATION WHEN FILED			
Ansv	wer <b>only</b> if applicant is a Corporation:				
1.	Name of Corporation exactly as sho	wn in articles of incorporation and as registered:			

Give first date q	ualified to do business in Illinois:
Business addre	ss of Corporation in Illinois as stated in Certificate of Incorporation:
3515 N. C	UNNINGHAM AVE
URBAND -	IL 61862
Objects of Corp	oration, as set forth in charter:
Name of Officer Date elected or Date of Birth: Citizenship:	lace and date of naturalization:
1212 WINI	resses for past three (3) years:
· · · · · · · · · · · · · · · · · · ·	pation, or employment for four (4) years preceding date of application for

buildings, outdoor areas to be used for various purposes and parking spaces.

CLERK, must be turned in to the Champaign

is 61802. A \$4.00 Filing Fee should be included.

#### **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
	DAVIT icant is a Corporation)
being duly sworn, say that each of us has read therein are true and correct and are made upo made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.	tretary of the above named corporation, each first the foregoing application and that the matters stated in our personal knowledge and information, and are of Champaign to issue the license herein applied for not violate any of the laws of the United States of inces of the County of Champaign in the conduct constituted and elected officers of said applicant and ocute their application for and on behalf of said
Subscribed and swams by thisSANDY OTT  Notary Public, State of Illinois My commission expires 09/24/09	Signature of Manager or Agent  day of November, 2007.  Sandy A.  Notary Public
This COMPLETED application along with the	riate amount of cash, or certified check

made payable to MARK SHELDEN, CHAMPAIGN

County Clerk's Office, 1776 E. Washington St., Url

RADIES STAGE MENS STOR. Took FLOOR FLOOR EIMERS CIUB 45 1071 BAK Sty Now BAK R PLAM
NOT GAME ROOM ל EXIT STOR. EXIT



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

### **FOR ELUC USE ONLY**

		<u>County</u>	Clerk's Office	
X	1.	Proper Application	Date Received:	1-6-07
K	2.	Fee	Amount Received: 10	4-60
		Sheriff's	Department	
	1.	Police Record	Approval:	Date: <u>/1/28/07</u>
	2.	Credit Check	Disapproval:	Date:
	Rema	arks:	Signature: <u>APF Jum</u>	Dogs
		Planning & Zo	ning Department	
	1.	Proper Zoning	Approval:	Date: <u>_12/04/07</u>
	2.	Restrictions or Violations	Disapproval:	_ Date:
	Rema	arks: B-3 PISTRICT	Signature:	ZONING ADMINISTRATOR
		Environment & La	and Use Committee	
	1.	Application Complete	Approval:	Date:
	2.	Requirements Met	Disapproval:	Date:
	-		Signature:	
	Rema	arks and/or Conditions:		





STATE OF ILLINOIS COUNTY OF CHAMPAIGN

**ENTERTAINMENT, RECREATION,** 

No. 2008-ENT-03

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

## NOT TRANSFERABLE

#### **CURTIS ORCHARD LTD.**

License is hereby granted to Paul Curtis of 3902 S. Duncan Rd., Champaign IL to provide Recreation/Entertainment at 3902 S. Duncan Rd., Champaign IL in Champaign County from January 1, 2008 thru December 31<sup>st</sup>, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

Chairman, Champaign County License Commission



## STATE OF ILLINÖI

Champaign County 2 9 2007 Application for:

Recreation & Entertainment License CHAMPAIGN 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)

License No.	2008-ENT-03	
Date(s) of Event(	<b>s)</b> Jan. 1, thru Dec. 31, 20	
Business Name: _	Curtis Orchard Ltd.	
License Fee:	\$ 100.00	
Filing Fee:	\$ 4.00	
TOTAL FEE:	\$ 104.00	
Checker's Signature	: <u>m</u> ='	

For Office Use Only

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:

Α.	1.	Name of Business: Contis Orchard Ltd.
	2.	Location of Business for which application is made: 39025. Doncan Rd,
		Champaign, It. 61822
	3.	Business address of Business for which application is made:
	4.	Zoning Classification of Property: A62 W/ Majo- Roral Specially Business Dec
	5.	Date the Business covered by Ordinance No. 55 began at this location: 1-1-1977
	6.	Nature of Business normally conducted at this location: Retail Fruits & Uege table =
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): /ive mosical performances
	8.	Term for which License is sought (specifically beginning & ending dates): う/えゅ/っま ー ノス/スス/ow
		(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>yes</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

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETUF ) APPLICANT

purposes and parking spaces. See page 3, Item 7.

application showing location of all buildings, outdoor areas to be used for various

Place	e:Date of Birth:
	enship:ltnaturalized, place and date of naturalization:
appli	ring the license period, a new manager or agent is hired to conduct this business, the cant MUST furnish the County the above information for the new manager or agent within 10) days.
	Information requested in the following questions must be supplied by the applicant, if ar 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.
1.	Name(s) of owner(s) or local manager(s) (include any aliases):
	Date of Birth: Place of Birth:
	Social Security Number: Citizenship:
	If naturalized, state place and date of naturalization:
2.	Residential Addresses for the past three (3) years:
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:
EAC	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILE
NEE	

G	ive first date qualified to do business in Illinois: 1-1-1977
В	usiness address of Corporation in Illinois as stated in Certificate of Incorporation:
	3902 S. Duncan Rd, Champaign, IL. 61822
— О	bjects of Corporation, as set forth in charter: businesses for which a business incorporated.
	ames of all Officers of the Corporation and other information as listed:  ame of Officer: Paul Confis Title: President Conount  ate elected or appointed: 2.25-1993 Social Security No.:  ate of Birth: Place of Birth: Urbana IL  itizenship: U.S.A.
N:	ames of all Officers of the Corporation and other information as listed:
D.	atte elected or appointed: 2.25-1993 Social Security No:
D	ate of Birth: Place of Birth: Urba IL
Ci	itizenship: U.S.A.
lf	naturalized, place and date of naturalization:
R	esidential Addresses for past three (3) years: 3902 5. Dunean Rd
	Champaign, IC. 61822
Bı	usiness, occupation, or employment for four (4) years preceding date of application for
th	is license: owner, Curtis Orchard

Business address of Corporation in Illinois as stated in Certificate of Incorporation:  3902 S. Duncan Rd, Champaign, It. 61823  Objects of Corporation, as set forth in charter:  Objects of Corporation and all of her  Objects of Corporation and all of her  Objects of Corporation and other information as listed:  Names of all Officers of the Corporation and other information as listed:  Names of all Officers of the Corporation and other information as listed:  Names of all Officers of the Corporation and other information as listed:  Names of all Officers of the Corporation and other information as listed:  Names of all Officers of the Corporation and other information as listed:  Name of Officer:  Objects of Corporation and other information as listed:  Name of Officers:  Objects of Corporation  Agricultural and all of her  Objects of Corporation		ified to do business in Illinois: $1-l-1977$
3902 S. Duncan Rd, Champaign, It. 61822  Objects of Corporation, as set forth in charter: businesses for which a business in corporated.  Names of all Officers of the Corporation and other information as listed:  Name of Officer:	Business address	
Name of Officer:	3902 5	Duncan Rd, Champaign, It. 61822
Name of Officer:	Objects of Corpora	tion, as set forth in charter: businesses for which a business
Name of Officer:		
Date of Birth: Place of Birth:	Name of Officer:	lace Contis Title: Treasurer/co-ow
Date of Birth: Place of Birth:	Date elected or api	pointed: 2-25-93 Social Security No.:
Residential Addresses for past three (3) years:  3902 S. Duncan Rd  Champer'an, The bi822  Business, occupation, or employment for four (4) years preceding date of application	Date of Birth:	Place of Birth: Marsh Ecold Wisc.
If naturalized, place and date of naturalization:  Residential Addresses for past three (3) years:  3902 S. Duncan Rd  Champer'an, The bi822  Business, occupation, or employment for four (4) years preceding date of application	Citizenship: 7.5	· A ·
3902 S. Duveau Rd. Champer'an, Th. 61822  Business, occupation, or employment for four (4) years preceding date of application	If naturalized, plac	e and date of naturalization:
3902 S. Duveau Rd Champer'an, Th. 61822  Business, occupation, or employment for four (4) years preceding date of application	Residential Addres	ses for past three (3) years:
Business, occupation, or employment for four (4) years preceding date of application		
	Business, occupati	on, or employment for four (4) years preceding date of application for

390	address of Corporation in Illinois as stated in Certificate of Incorporation: 2 5. Duncan Rd, Champaign, IL. 61822
	2 S. Duncan Rd, Champaign, IL. 61822
Objects of	Corporation, as set forth in charter: businesses for which a business incorporated.
Name of C	fficer: <u>Randall Graham</u> Title: <u>Vice Presidenti</u>
JUMP CHACK	MODERANDONENEO Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Date of Bir	th: Place of Birth: Danville, Illindis
itizensnir f naturaliz	ed, <b>place</b> and <b>date</b> of naturalization:
Residentia Cham	Addresses for past three (3) years: 3812 5 Doncan Rd. paign, IL-61822
3usiness,	occupation, or employment for four (4) years preceding date of application for

Give first date qualif	fied to do business in Illinois: 1-1-1977
Business address of	f Corporation in Illinois as stated in Certificate of Incorporation:
3902 5.	Duncan Rd, Champaign, IL. 61822
Objects of Corporati	ion, as set forth in charter: businesses for which a business incorporated.
Names of all Officer	s of the Corporation and other information as listed:
Names of Officer	Lolara Graham Title: Secretora/co-ow
Date elected or app	Debra Graham Title: Secretary/co-ow ointed: 2-25-1493 Social Security No.:  Place of Birth: Orbana, Illinois
Date of Birth:	Place of Birth: Unbana, Illinois
Cilizensinp	<i></i>
lf naturalized, <b>place</b>	and date of naturalization:
Residential Address	ses for past three (3) years: 38125. Duncan Pd.
Champaign	, IL. 61822
	up, or employment for four (4) years proceeding data of application for
Business, occupatio	on, or employment for four (4) years preceding date of application for

#### **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.

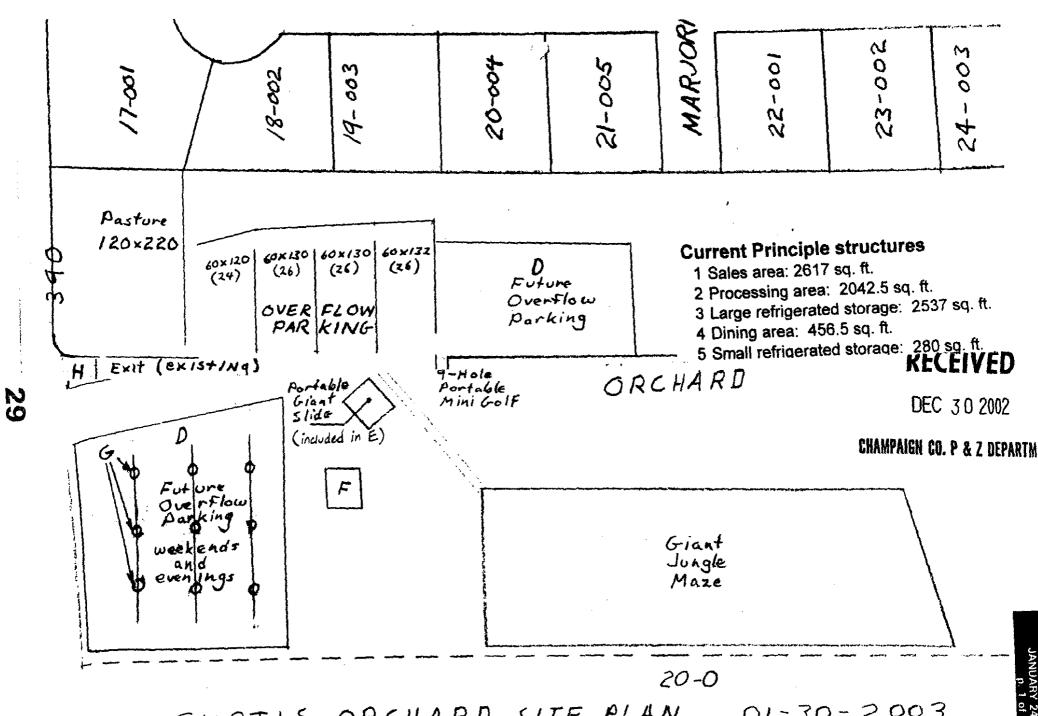
Signature of Owner or of one of two members of Partnership	Signature of Owner or of one of	two members of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Notal	ry Public
	IDAVIT licant is a Corporation)	
We, the undersigned, president and se being duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to exe application.  Signature of Bresident Vice President	d the foregoing application and on our personal knowledge and of Champaign to issue the lice not violate any of the laws of ances of the County of Champaign to issue the county of Champaign and elected officers ecute their application for and	d that the matters stated d information, and are use herein applied for the United States of aign in the conduct of said applicant and on behalf of said
	Signature	e of Secretary of Manager or Agent
Subscribed and sworn to before me this OFFICIAL GEAL BRENDA G. COLE NOTARY PUBLIC STATE OF ILLE MY COMMISSION EXPIRES 420	day of <u>COLOD</u> ROIS Brenda (	ole lotary Public
This COMPLETED application along with the		
made payable to MARK SHELDEN, CHAMPAIGN (	COON 📆 📉 (, must be turne	d in to the Champaign

County Clerk's Office, 1776 E. Washington St., Urbana III



#### FOR ELUC USE ONLY

County Clerk's Office 10.39.67 Date Received: Proper Application Amount Received: 104.00 2. Fee Sheriff's Department \_\_\_\_\_ Date: 11/28/07 Police Record Approval: Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Credit Check Signature: LAPT Jim Voqui Remarks: Planning & Zoning Department \_\_\_\_\_\_ Date: 12/c4/07 Approval: Proper Zoning Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Restrictions or Violations Remarks: AG-2 SPECIAL USE PERMIT Signature: Operations must conform to special conditions regarding Noursof operation noise level as required in zoning case 350 5 02 **Environment & Land Use Committee Application Complete** \_\_\_\_\_ Date: \_\_\_\_\_ 1. Approval: Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_ 2. Requirements Met Signature: Remarks and/or Conditions:



CURTIS ORCHARD SITE PLAN

01-30-2003



## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

**No. 2008-03D-7** \$30.00

## NOT TRANSFERABLE

#### **GORDYVILLE LLC**

License is hereby granted to J. Quiram, J. Hannigan, J. Hannigan II, P. Frerichs, E. Hannagan, M. Hannigan to provide Recreation/Entertainment at 2205CR 3000N Gifford IL in Champaign County from January 3, 2008 thru January 5, 2008. This License expires the 6<sup>th</sup> day of January 2008 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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)

, 0.	Ombo dee emy
License No.	2009-030-1
Date(s) of Event(	(s) JAN 3-5, 2008
Business Name:	jodgville LLC
License Fee:	\$ 30.00
Filing Fee:	\$ 4.00
TOTAL FEE:	s 34-00
Checker's Signature	e <u>M</u>

\$ 100.00

10.00

For Office Use Only

Filing Fees: NOV A PRINTER

NOV 14Per Year (or fraction thereof):

Mark Shells Filing Fee

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.	Name of Business: 6 or a grille LLC
F3-	2.	Location of Business for which application is made: 00 box 490
	<b></b> .	2205 CR 3000N, GIPFORD, In Chamfun Court
	3.	Business address of Business for which application is made: fo Box 490
		2205 CR 3000 N. 6 : FFORD, IL 61847
	4.	Zoning Classification of Property: Business
	<b>5</b> .	Date the Business covered by Ordinance No. 55 began at this location:
	6.	Nature of Business normally conducted at this location: Auctions
		LORSE Shows, FIEA MARKETS
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment
		to be provided): TRACTOR PULL
	8.	Term for which License is sought (specifically beginning & ending dates):
		JANUARY 3.4,5: 2,008
		(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? 4ES
	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: NA
	11.	If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this
		application showing location of all buildings, butdoor areas to be used for various

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

purposes and parking spaces. See page 3, Item 7, NA

909275

IN NORTH

Place of Birth:	Nam	e:Date of Birth:
If naturalized, place and date of naturalization:  If, during the license period, a new manager of agent is hired to conduct this business, the applicant MUST furnish the County the above information for the new manager or agent withit ten (10) days.  Information requested in the following questions must be supplied by the applicant, if a 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.  1. Name(s) of ownex(s) or local manager(s) (include any aliases):  Date of Birth:  Social Security Number:  If naturalized, state place and date of naturalization:  Residential Addresses for the past three (3) years:  3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:  EACH OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF NEEDED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILE Answer only if applicant is a Corporation:  1. Name of Corporation exactly as shown in articles of incorporation and as registered:	Place	e of Birth: Social Security No.:
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NEEDED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILE  Answer only if applicant is a Corporation:  1. Name of Corporation exactly as shown in articles of incorporation and as registered:	3.	
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Name of Corporation exactly as shown in articles of incorporation and as registered:		
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Siring Vine	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:
2. Date of Incorporation: State wherein incorporated: Tuin		-4T.

Designation of Corporation in Illinois as stated in Certificate of Incorporation:  Designation of Corporation, as set forth in charter:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and Other information as listed:  Designation of Corporation of Corporation and O
Names of all Officers of the Corporation and other information as listed:  Name of Officer: Tournel M. Julian Title: Part curved  Date elected or appointed: Social Security No.:  Date of Birth: Place of Birth: Canpaign, Te  Citizenship: USA  I naturalized, place and date of naturalization: NA  Residential Addresses for past three (3) years: 2104 Unggins St.  Changaign To Golden  Chang
Name of Officer: Totauna M. Quiram Title: Pant cure.  Date elected or appointed:  Date of Birth:  Place of Birth: Changaign, Te  Citizenship:  I SA  I naturalized, place and date of naturalization:  Residential Addresses for past three (3) years:  Anguign Te left 22  2104 Shiengai Die  Changaign Te left 22  Business, occupation, or employment for four (4) years preceding date of application
Date elected or appointed:  Date of Birth:  Place of Birth:  Citizenship:  ISA  f naturalized, place and date of naturalization:  Residential Addresses for past three (3) years:  Susiness, occupation, or employment for four (4) years preceding date of application.
Place of Birth:Place of Birth:
Citizenship: USA  f naturalized, place and date of naturalization: NA  Residential Addresses for past three (3) years: 2/04 Wegging St.  Wanguign Telefold  Changuign
Residential Addresses for past three (3) years: 3/04 Wiggins St.  Wanguign It Wisz  Joy Smergin Dr.  Changuign To Libert  Business, occupation, or employment for four (4) years preceding date of application
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Business, occupation, or employment for four (4) years preceding date of application his license: furner femplogen hay be any once the
his license: furner lemprogen by Gonnyous ill

Give first date qualifi	ied to do business in Illinois:
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Business address of	f Corporation in Illinois as stated in Certificate of Incorporation:
Objects of Corporation	on, as set forth in charter:
Names of all Officers	s of the Corporation and other information as listed:
Name of Officer: 🗸	TUMES J. HANNAGAS Title Out DUNER
Date elected or appo	ointed: Social Security No.: Place of Birth: Manganga Tr. (eds)
Date of Birth:	Place of Birth: (Manganga Te lels)
Citizenship: <u>USA</u>	
If naturalized, place	and date of naturalization:
	es for past three (3) years:
	2018 Summit
	610000 IL 41847
Business, occupation this license:	n, or employment for four (4) years preceding date of application for Physics CLC - Justientes - Man
buildings, outdoor are	ensions) must accompany this application. It must show the locat reas to be used for various purposes and parking spaces.  AREA TO BE USED EXCEPT FOR PARKING.

Give first date qua	ilified to do busin	ness in Illinois:		
Business address	of Corporation in	n Illinois as stated in Certificate of Incorporation:		
Objects of Corpora	ation, as set forth	n in charter:		
Names of all Office	ers of the Corpor	ration and other information as listed:		
Name of Officer: _	JOHN 6. 4	JANUAGAN IT TITLE: MART OWNER		
Date elected or ap	pointed:	Social Security No.:		
Date of Birth:		Place of Birth: (Moniforigm, to		
Names of all Officers of the Corporation and other information as listed:  Name of Officer:				
If naturalized, place	ce and date of na	aturalization: XF		
Residential Addres	sses for past thre	ee (3) years:		
		4 CR 2700N		
		CONI In COST		
Business, occupat	tion, or employm Sect seude	nent for four (4) years preceding date of application for		
tnis license: -	Emp. les	CORRIGINE LIC		
this license:				
this license:				
this license:				
	mensions) must	accompany this application. It must show the location		
A site plan (with di				
A site plan (with di	areas to be used	d for various purposes and parking spaces.		
A site plan (with di	areas to be used	d for various purposes and parking spaces.		
A site plan (with di buildings, outdoor	areas to be used  2 AREA 70	accompany this application. It must show the location of the for various purposes and parking spaces.  HE USED EXCEPT FOR PARKING.		
A site plan (with di	areas to be used  or AREA TO  OARKING.	d for various purposes and parking spaces.  GE USED EXCEPT FOR PARKING.		

Business address of Corporation in Illinois as stated in Certificate of Incorporation:  Objects of Corporation, as set forth in charter:  Names of all Officers of the Corporation and other information as listed:  Name of Officer:    MATRICA   Notice   Title   Instrument   Date elected or appointed: Social Security No.:   Date of Birth:   Place of Birth:   Charging   ICC   If naturalized, place and date of naturalization:   A    Residential Addresses for past three (3) years:   2757		e first date qualified to do business in Illinois:
Objects of Corporation, as set forth in charter:  Names of all Officers of the Corporation and other information as listed:  Name of Officer: **MARCIA A. **FORGET** Title** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Title** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Title** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Title** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Information as listed:  No. **Particle** Title** Information as listed:  No. **Particle** Title** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Information as listed:  Name of Officer: **MARCIA A. **FORGET** Information as listed:  No. **Particle** Information as		-
Objects of Corporation, as set forth in charter:  Names of all Officers of the Corporation and other information as listed:  Name of Officer: MATICIA A. Freights Title Information  Date elected or appointed: Social Security No.:  Date of Birth: Place of Birth: Charfurguest  Citizenship: J. & A  If naturalized, place and date of naturalization: MA  Residential Addresses for past three (3) years:  2757 CR 2100N  Gypen, TC  Business, occupation, or employment for four (4) years preceding date of application for this license:  Self employed: Itality is application. It must show the location buildings, outdoor areas to be used for various purposes and parking spaces.  No OUT DOOR ALLA TO BE USED EXERT FOR PARKINGS.  HI ALRES PARKING.	Busi	iness address of Corporation in Illinois as stated in Certificate of Incorporation:
Name of Officer: Harbita A. Freighs Title Informer  Date elected or appointed: Social Security No.:  Date of Birth: Place of Birth: Charfurga, & C.  Citizenship: J&A  If naturalized, place and date of naturalization: MA  Residential Addresses for past three (3) years:  2757 CA 21000  Ganeri, To  Business, occupation, or employment for four (4) years preceding date of application for this license: See employed. Maurician  Business: See employed. Maurician  Cenyouse Cic.  A site plan (with dimensions) must accompany this application. It must show the location buildings, outdoor areas to be used for various purposes and parking spaces.  No our pook ALA TO be used Except for parkings.  HA series Parkings.	Obje	
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Business, occupation, or employment for four (4) years preceding date of application for this license:  SELF EMPLOYER - PRAUTICIAN  CORPYLICE LLC  A site plan (with dimensions) must accompany this application. It must show the location buildings, outdoor areas to be used for various purposes and parking spaces.  NO OUT DOOR AREA TO BE USED EXCEPT FOR PARKINGS.  HO ACRES PARKING.		2757 CR 2100N
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A site plan (with dimensions) must accompany this application. It must show the location buildings, outdoor areas to be used for various purposes and parking spaces.  NO OUTDOOR AREA TO BE USED EXCEPT FOR PAKINING.  HO SERES PARKING.		
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40 ACRES PARKING.	this	license: SELF EMPLOYEN- MEAUTICIAN CORPYLICE LLC
40 ACRES PARKING.	this A sit	te plan (with dimensions) must accompany this application. It must show the locations, outdoor areas to be used for various purposes and parking spaces.
HU ACKES PATTERNO.	this A sit	te plan (with dimensions) must accompany this application. It must show the locations, outdoor areas to be used for various purposes and parking spaces.
	A sit	te plan (with dimensions) must accompany this application. It must show the location outdoor areas to be used for various purposes and parking spaces.  OUTDOOR AREA TO BE USED EXERT FOR PARKING.

	NA
Cive first date	e qualified to do business in Illinois:
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Business add	Iress of Corporation in Illinois as stated in Certificate of Incorporation:
Objects of Oc	orporation, as set forth in charter:
Objects of EC	aporation, as sectionar in charter.
Names of all	Officers of the Corporation and other information as listed:
Name of Office	per EDWARD F. HANNAGAN Title VART CHINER
Date elected	or appointed; Social Security No.:  Place of Birth: (Manguegn, Fc)
Date of Birth:	Place of Birth: Changuegn, Fr
Citizenship: _	USA .
If naturalized,	place and date of naturalization: NA
Residential A	ddresses for past three (3) years: 209 5. New GIFFORD, To 61847
	61FFORD, W 61841
Business, occ	cupation, or employment for four (4) years preceding date of application fo
this license:	cupation, or employment for four (4) years preceding date of application fo Σπηροφείν μη βανέεε Colp.
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	door areas to be used for various purposes and parking spaces.
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Give first date qualified to do b	usiness in Illinois:
	on in Illinois as stated in Certificate of Incorporation:
Objects of Corporation, as set	forth in charter:
Names of all Officers of the Co	orporation and other information as listed:
Name of Officer: ////	E. HANNAGAN Title: MANAGER-HOLFOWN
Date elected or appointed:	Social Security No.:  Place of Birth: Mangaign To ford
Date of Birth:	Place of Birth: Ministragu To forth
Citizenship:	
If naturalized, place and date	of naturalization: <u>NA</u>
Residential Addresses for past	three (3) years: 2451 CR 2800V
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	V
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this license:	oyment for four (4) years preceding date of application f
this license.	7
	nust accompany this application. It must show the locat
huildings butdoor areas to be i	used for various purposes and parking spaces.  TO BE USED EXTEPT FOR PAKILING,  S.
buildings, coldoor areas to be	

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## 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.

nature of Owner or of one of two members of Partnership	Signature of Owner or	of one of two member	s of Partnership
			·
Signature of Manager or Agent			
		*	
Subscribed and sworn to before me this	day of	a protection	, 20
•			
,			
		Notary Public	ı
	IDAVIT		The state of the s
	olicant is a Corporation	n)	
We, the undersigned, president and se	-		
America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to except the state of the such are authorized.	constituted and elected	officers of said	applicant and
application.	( ) January	MAL	~
Signature of President	- Journa	Signature of Secret	any
Administration of the state of		Jigilata or Saara	y
	Na		<u></u>
	Marie Company of the	Signature of Manager	or Agent
Subscribed and sworn to before me this	7 th day of a	uanut	, 20 07
"OFFICIAL SEAL" SHARON L. OSTERBUR Notary Public State of III Champaign Co.	Sharou	Notáry Publi	(eur
State of IL, Champaign Co My Commission Expires 1/21/2011 This <u>COMPLETED</u> application stang with the	) he annronriata amount o		
made payable to MARK SHELDEN, CHAMPAIGN		t be turned in to th	
County Clark's Office 1776 F. Washington St. Ur		S4 00 Eiling Egg el	



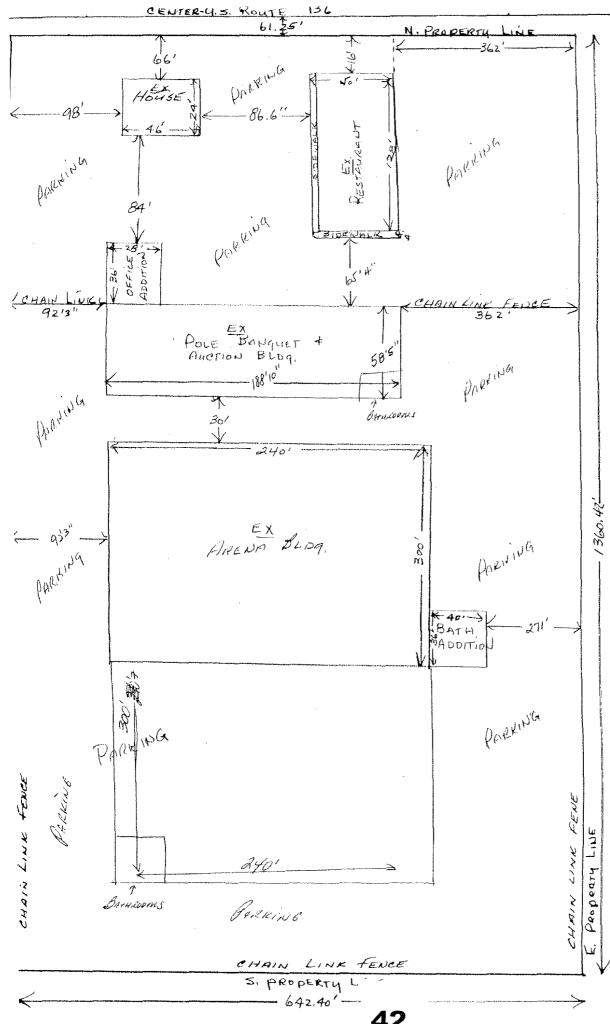
#### STATE OF ILLINOIS, Champaign County Recreation & Entertainment License Check List and Approval Sheet

## FOR ELUC USE ONLY

		Co	ounty Clerk's Office	
<b>(V</b> )	. 1.	Proper Application	Date Received: 11-14-07	
T.	2.	Fee	Amount Received: 34.00	·
		<u>She</u>	riff's Department	
	1.	Police Record	Approval: Date: 11/2.8/6	<u> </u>
	2.	Credit Check	Disapproval: Date:	
	Ren	narks:	Signature: CAPY Jim Doge	
4	/	Planning	& Zoning Department	
	1.	Proper Zoning	Approval:Date: 12/04/	07
	2,	Restrictions or Violations	Disapproval: Date:	
	Ren	narks: <u>B-4-20NING</u>	Signature 2 A 200 NG AOMINIST	PATOF
				· · · · · · · · · · · · · · · · · · ·
		Environment	& Land Use Committee	
	1.	Application Complete	Approval: Date:	
	2.	Requirements Met	Disapproval: Date:	
			Signature:	
	Rem	narks and/or Conditions:	·	

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## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

**No. 2008-ENT-04** \$100.00

## NOT TRANSFERABLE

#### HIDEAWAY OF THE WOODS BAR & GRILL

License is hereby granted to Robert Slade 2110 Gunn Dr., Champaign IL to provide Recreation/Entertainment at 809 S. Prairieview Rd., Mahomet IL in Champaign County from January1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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 Oni	ce u	se Only			
License No. $\frac{2}{}$	008-I	ENT-04			
Date(s) of Event(s)_	Jan.	l thru	Dec.	31,	200
Business Name: Hide	away	of the	Wood	s Inc	<u> </u>
License Fee:	\$	100.	00		
Filing Fee:	\$	4.00	<del></del>		

Filing Fees:

Per Year (or fraction thereof):

Per Single-day Event:

Clerk's Filing Fee:

\$ 100.00 MOV 2 8 2000

\$ 10.00 -

TOTAL FEE:

Checker's Signature:

4.00 CHAMPAIGN COUNTY CLERK

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:

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INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETURNEL 'PLICANT

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:				
	Nam	e:Date of Birth:			
	Plac	e: Date of Birth: Social Security No.:			
	Resi Citiz	dence Address: If naturalized, place and date of naturalization:			
	appli	uring the license period, a new manager or agent is hired to conduct this business, the icant MUST furnish the County the above information for the new manager or agent within 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): Bobby Slade			
		Date of Birth: Place of Birth: 616500 City  Social Security Number: Citizenship: 4, 5.			
		Social Security Number: Citizenship: <u>U. J.</u>			
	2.	If naturalized, state <b>place</b> and <b>date</b> of naturalization:  Residential Addresses for the past three (3) years:  Oldow Addresses  The folklot			
		Champaign It 61821			
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:  Hideanay Lestaure & Bar The.			
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.			
D.	Ansv	wer <b>only</b> if applicant is a Corporation:			
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:  Hiteaway of the Woods Will & Bar Inc.			
	2.	Date of Incorporation: ate wherein incorporated: Triports			

) folio	nis business will be conducted by a person othowing information about person employed by a ally responsible party of the business in the definition.	applicant as manager, agent or esignated location:						
Nai	me: ce of Birth:	Date of Birth:						
Pla Por	ce of Birth:sidence Address:	_ Social Security No						
Citi	zenship: If naturalized,	place and date of naturalization:						
J.,,								
If, o app		ent is hired to conduct this business, the mation for the new manager or agent within						
	JEFFREY E SLADE 1305 E JEFFERY MAHOMET IL 61853	ons must be supplied by the applicant, if an ofits of a partnership, if the applicant is a						
	Birthdate L SS# Male 501" 200 lbs HZL Eyes Male 501" 200 lbs HZL Eyes Restrictions Type Class P ORG D  SELLE	nation required under Section D must be er.						
)	Additional forms containing the questions renecessary, for attachment to this application	on form.						
1. Name(s) of owner(s) or local manager(s) (include any aliases):								
	Date of Birth: Place	e of Birth: <u>Gilwan City</u> Citizenship: <u>U.S.</u>						
2.	If naturalized, state place and date of naturalization:  Residential Addresses for the past three (3) years:  Melonct IL 61853							
3.	Business, occupation, or employment of apapplication for this license:							
	H OFFICER MUST COMPLETE SECTION D DED FROM THE COUNTY CLERK AND ATT	OBTAIN ADDITIONAL FORM PAGES IF ACH TO THIS APPLICATION WHEN FILED.						
Ansv	ver only if applicant is a Corporation:							
al Comment	Name of Corporation exactly as shown in ar	ticles of incorporation and as registered:						
^	Data of Incorporation:	a wharein incornarated:						

Mage 141

	f this	business will be conducted by a person other than the applicant give the	
À	follov	ving information about per	
j	iocal	y responsible party of the	
		e:	_
		e of Birth: ROBERT R SLADE 21 10 GUNN DRIVE	
		dence Address: CHAMPAIGN IL 61821ion:	
	UILIZI	Birthdate Blue Eyes	
		Restrictions Type Class	
	lf, du	ring the license period, a no usiness, the	
	• '	cant MOST lumish the Cou	
	ten (	10) days.	
		Information requested in the applicant, if an	
		individual, or by all member: Opticant is a	
		partnership. 10-04-02 DRIVERS LICENSE	
		GARY A COX  If the applicant is a corpore 1007 BEAVER CREEK LANE n D must be	
		supplied for the corporation MAHOMET IL 61853	
		Birthdate #	
		Additional forms containing Male 5'05" 155 lbs HZL Eyes ty Clerk, if	
À		necessary, for attachment to COR DM	
7	٩.	Name(s) of owner(s) or local manager(s) (include any aliases): Tray Cox	
		Date of Birth: Place of Birth: Champs: sm. Social Security Number: Citizenship: U. 5.	
		Social Security Number: Citizenship: 4.5.	
	_	If naturalized, state place and date of naturalization:  Residential Addresses for the past three (3) years: 1007 Beavercreek lane	
	2.	Residential Addresses for the past three (3) years: 1001 Beauer Creek lane	
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of	
		application for this license: Self employed wholesoles car (usu)	
<u>.</u>	E A C 1	OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF	
		ED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.	
	1 % L. L.		
	Δησικα	er only if applicant is a Corporation:	
	MIDW		
l	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:	
			140.PAT-
	2.	Date of Incorporation: State wherein incorporated	

Nar	me:	Date of Birth:	
Pla	ce of Birth:	Social Security No.:	
Res	sidence Address:		
Citiz	zenship:	If naturalized, place and date of naturalizatio	N:
		a new manager or agent is hired to conduct this but	
* 7		above information for the new manager	or agent within
ten —	(10) days.	Jesse White - Secretary of State	
	Information requeste	12-01-99 <b>32-3-3-1</b> by the	applicant, if an
	individual, or by all m	LARTER MARKET IN THE STATE OF T	applicant is a
	partnership.	194 COUNTY RD 1600 N 175 ANA IL 61802	
	If the applicant is a	r Section    Type Class   DRG D	on D must be
	supplied for the corr	restrictions 210 bs BRN Eyes 4	on D mast be
		ORG D	
	Additional forms cor	he Cour	nty Clerk, if
	necessary, for attachm	ent to this application roun.	
1	Name(s) of owner(s) o	local manager(s) (include any aliases):	
1.		WILLIAM PLILLIPS	·
	Date of Birth:	. lace of Birth: Carus Char	NERTEN
	Social Security Number	Citizenship:	
	If naturalized, state pla	ce and date of naturalization:	
2.		for the past three (3) years: <u>1894 CE 16(で)</u> - R こし しじらる	
	(ALL 77.)		
3.	Business, occupation, o	or employment of applicant for four (4) years prece	ding date of
	application for this licen	se: CENERLE MANAGER (ROTTE	Tunn
	marketing appropriate programmers and the programmers and the first of the contract of the con		
		PLETE SECTION D. OBTAIN ADDITIONAL FOR: Y CLERK AND ATTACH TO THIS APPLICATION	
VEE	DED FKOM THE COONT	T CLERK AND A HACR TO THIS AFFLICATION	VVIIEN FILEU.
m.c	ver only if applicant is a C	ornoration:	
шэй	voi umy ii applicancis a c	orporation.	
	Name of Corporation ex	actly as shown in articles of incorporation and as	registered:
	information and resource septiments for the following the following the sector continuous continuous sections and advanced and advanced section and the sectio		

If this business will be conducted by a person other than the applicant, give the

Give first date	qualified to do business in Illinois: $983$
	ress of Corporation in Illinois as stated in Certificate of Incorporation:
809	5 Prairieview Rd. P.O. Box 1158. Mahomet I
12185	5 Prairieview Rd. P.O. Box 1158 - Mahomet I 3-1158
-	rporation, as set forth in charter:
Date of Birth: Citizenship: If naturalized,	er:
Business, occ	upation, or employment for four (4) years preceding date of application for festaurant Bar Owner last 24 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.

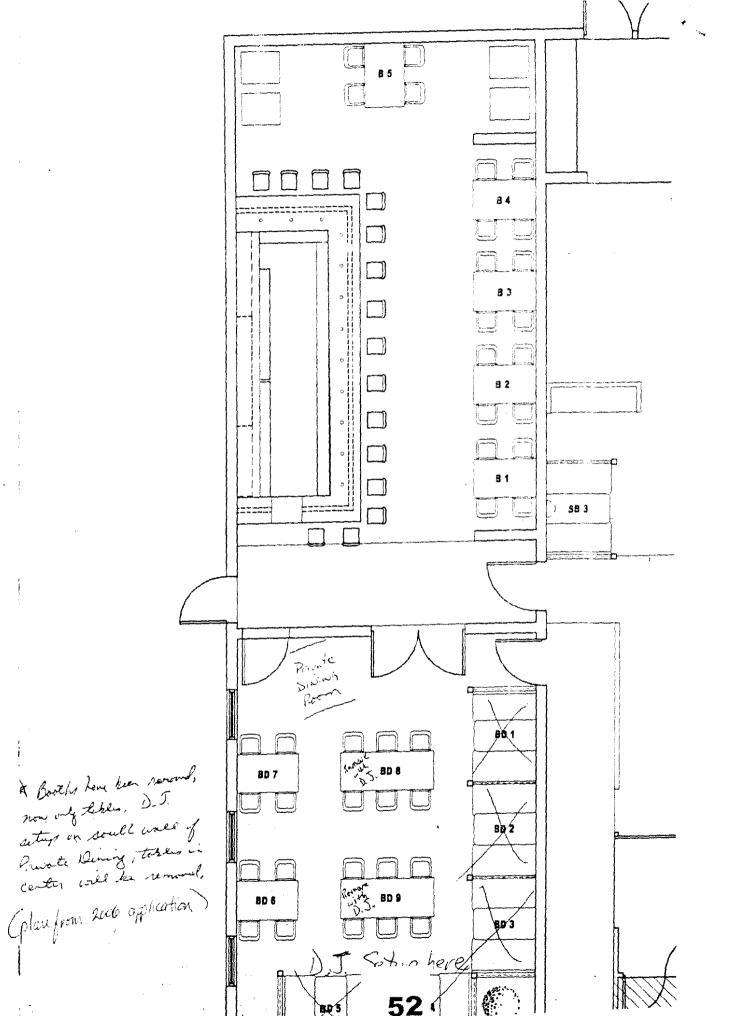
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

ignature 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
AFF	IDAVIT
	licant is a Corporation)
therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to exemplication.	the foregoing application and that the matters stated on our personal knowledge and information, and are of Champaign to issue the license herein applied for not violate any of the laws of the United States of ances of the County of Champaign in the conduct constituted and elected officers of said applicant and ecute their application for and on behalf of said
Signatúre of President	Signature of Secretary
Subscribed and sworn to before me this	Signature of Manager or Agent day of Mulhu , 2007.
This Compute The made payable to MARK SHELDEN, CHAMPAIGN  County Clerk's Office, 1776 F. Washington St. Urb	CLERK, must be turned in to the Champaign



#### FOR ELUC USE ONLY

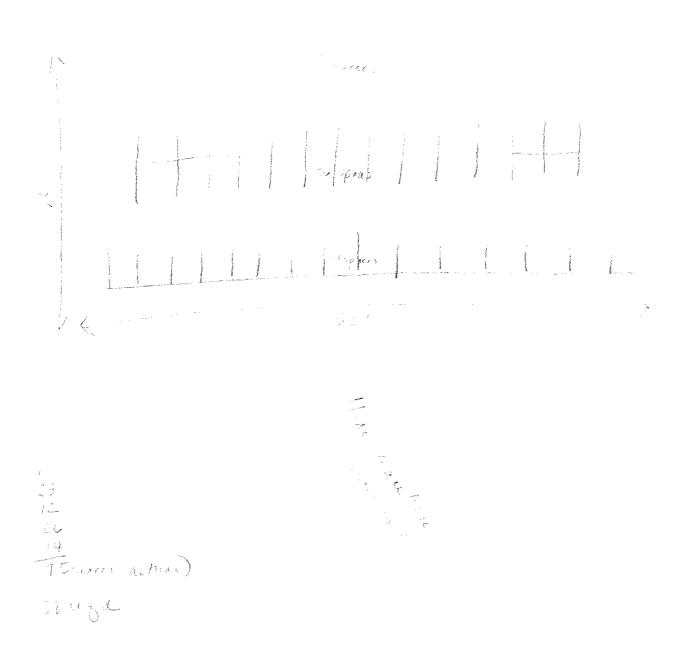
### County Clerk's Office **Proper Application** 1. Amount Received: 104-00 2. Fee Sheriff's Department Approval: \_\_\_\_\_ Date: 12/2/67 Police Record 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Credit Check 2. Remarks: Planning & Zoning Department Date: 12/04/07 Proper Zoning Approval: 1. Restrictions or Violations Disapproval: 2. 20HING ADMINISTRATOR Remarks: B-3 DIGTRICT Signature: **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Requirements Met 2. Signature: \_\_\_\_\_ Remarks and/or Conditions:

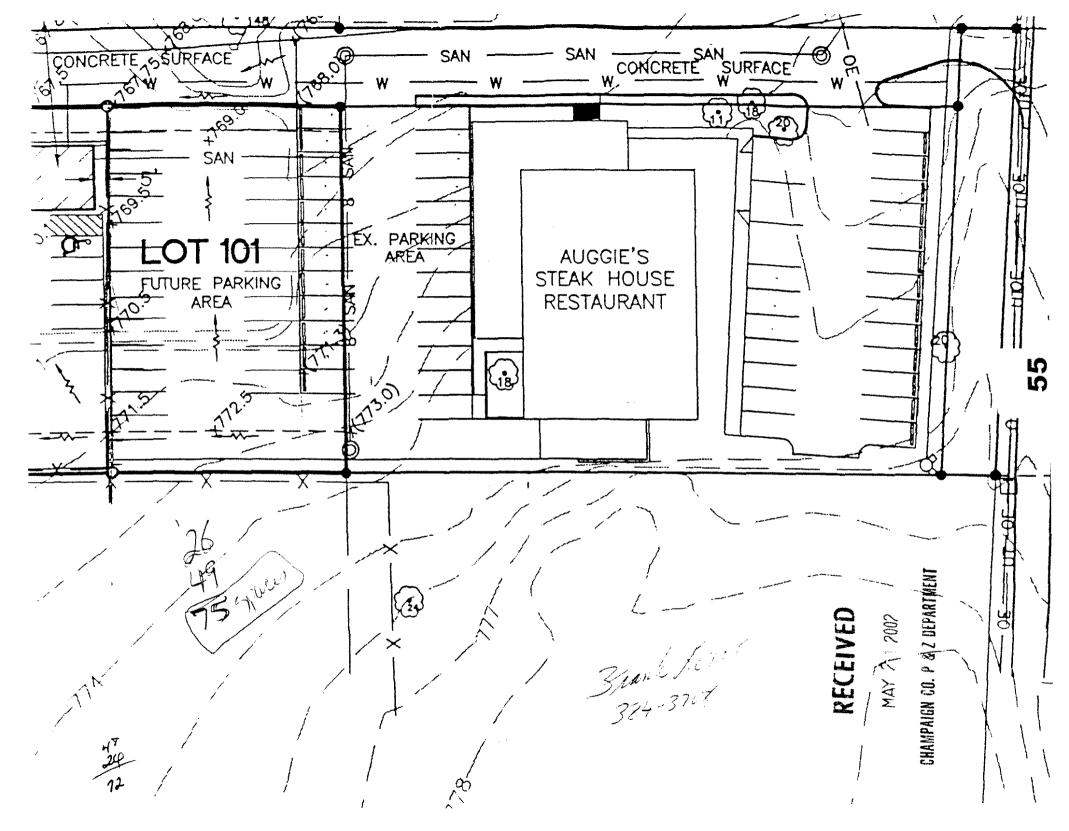


DN 3 DN 2 DN 5 88 1 DN 10 **DN** 7 SB 2 DN 9 DS 1 DS 2 DS 9 DS 3 DS 7 DS 10 DS 4 DS 6 plan from 2000 afficiation DS 5 DS 12 DS 11

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## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2008-Ent-05 \$100.00

## NOT TRANSFERABLE

#### HONEY BEE PRODUCTIONS, INC DBA MALIBU BAY LOUNGE

License is hereby granted to Dorothy Hinds/Sandy Mapson to provide Recreation and Entertainment at 3106 N. Cunningham Ave., Urbana Illinois in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witnessed by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN 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 usek
by businesses covered by this Ordinance other
than Massage Parlors and similar enterprises)

For Office Use	e Only
----------------	--------

License No. 2008-ENT-05

Date(s) of Event(s) Jan. 1, thru Dec. 31, 200

Business Name: Honeybee Productions Inc.

License Fee: \$ 100.00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 104.00

Checker's Signature:

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:

; <b>А</b> .	1.	Name of Business: HONEY BEE PRODUCTION INC. MALIEU BAY LOWGE
73.	2.	Location of Business for which application is made:
		3/40 N. CELANINGHAM AVE URBANA
	3.	Business address of Business for which application is made:
	- '	P.O BOX 1005 URBAND IL 61803
	4.	Zoning Classification of Property: 2-4
	5.	Date the Business covered by Ordinance No. 55 began at this location: 1991
	6.	Nature of Business normally conducted at this location: BAR / TRVERN
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): BANDS, DI, DANGING, HUBSIC RESTORALS, FUNDERISERS BINE PROVIDED TO SERVICE SHOWS, LTC.
	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? 45
	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

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETUR APPLICANT

purposes and parking spaces. See page 3, Item 7.

application showing location of all buildings, outdoor areas to be used for various

Nam	e: Treothy HANDS	Date of Birth:
Plac	e of Birth: MEMPHES TN	Date of Birth: Social Security No.:
Resi	dence Address: 1991 INDEPENDED	NE URBANA IL 61302
Citiz	enship:If natura	alized, place and date of naturalization:
appli	uring the license period, a new manag icant MUST furnish the County the ab 10) days.	er or agent is hired to conduct this business, the ove information for the new manager or agent within
,	•	ng questions must be supplied by the applicant, if an hare in profits of a partnership, if the applicant is a
	If the applicant is a corporation, all supplied for the corporation and for	I the information required under Section D must be each officer.
	Additional forms containing the que necessary, for attachment to this ap	stions may be obtained from the County Clerk, if oplication form.
1.	Name(s) of owner(s) or local manage	ger(s) (include any aliases):
	Date of Birth:	Place of Birth:
	Social Security Number:	Place of Birth: Citizenship:
	If naturalized, state place and date	of naturalization:
2.	Residential Addresses for the past t	three (3) years:
3.	Business, occupation, or employme application for this license:	ent of applicant for four (4) years preceding date of
		TION D. OBTAIN ADDITIONAL FORM PAGES IF ND ATTACH TO THIS APPLICATION WHEN FILED
Ansv	ver <b>only</b> if applicant is a Corporation:	
1.	Name of Corporation exactly as sho	wn in articles of incorporation and as registered:

Give f	irst date qualified to do business in Illinois:
Busin	ess address of Corporation in Illinois as stated in Certificate of Incorporation:
3/12/0	N. CUNNINGHAM AVE
UB	BANA TL 61302
	ts of Corporation, as set forth in charter: <u>NIGHTCLUB</u>
•	
Name	s of all Officers of the Corporation and other information as listed:
Name	of Officer: NORUTHY HINDS TITLE: SECRETARY elected or appointed: 1991 Social Security No.:  Place of Birth: MEMPHIS TN
Date (	elected or appointed: 199/ Social Security No.:
Date of	of Birth: Place of Birth: <u>MEMPHIS TN</u>
Citize	nship:
If natu	
Resid	ential Addresses for past three (3) years:
1791	INDEPENDENCE AND I URBANA IL 61302
<del></del>	
Busin	ess, occupation, or employment for four (4) years preceding date of application fo
this lic	ense: OWNER, MAR MALIEU BAY LOUNGE

60 LERK, must be turned in to the Champaign s 61802. A \$4.00 Filing Fee should be included.

#### **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		
	DAVIT cant is a Corporation)		
being duly sworn, say that each of us has read therein are true and correct and are made upo made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.	retary of the above named corporation, each first the foregoing application and that the matters state of our personal knowledge and information, and are f Champaign to issue the license herein applied for not violate any of the laws of the United States of noces of the County of Champaign in the conduct constituted and elected officers of said applicant and cute their application for and on behalf of said	•	
Signature of President/	Signature of Secretary		
	Signature of Manager or Agent		
Subscribed and sworn to before me this  "OFFICIAL SEAL"  SANDY OTT  Notary Public, State of Illinois My commission expires 09/24/09  This COMPLETED application along with the	day of November, 20 07  Sandy Notary Public  ate amount of cash, or certified check	*	

made payable to MARK SHELDEN, CHAMPAIGN

County Clerk's Office, 1776 E. Washington St., Urk



#### FOR ELUC USE ONLY

### County Clerk's Office **Proper Application** Date Received: 1. 2. Fee Sheriff's Department \_\_\_\_\_ Date: <u>// 28/</u>67 Police Record Approval: 1. Credit Check 2. Remarks: Planning & Zoning Department Date: 12/04/07 Proper Zoning Approval: \_\_ Date: \_\_ Restrictions or Violations Disapproval: 2. Signature: 20NING ADMINISTRATE Remarks: 84 DISTRICT **Environment & Land Use Committee** Approval: Date: Application Complete 1. Requirements Met Disapproval: Date: 2. Signature: Remarks and/or Conditions:

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

ATT BY MA

IN THE MATTER OF THE ESTATE	)	SOCIAL TROCKING CIRCLES
Of ISAAC MAPSON, Deceased.	)	No. 04 PAR 28 2006
ORDER APPOINTE	NG REPRESEN	TATIVE CLERK OF THE CARCUT COURT E
IT IS ORDERED THAT Letters of Ada	ministration issu	e to SANDY MAPSON.
DATE SIGNED: MAR 2 8 2006		Chase Lionhard
	ENTER:_	Associate Judge

8.16 ACKES

GRASS HELD



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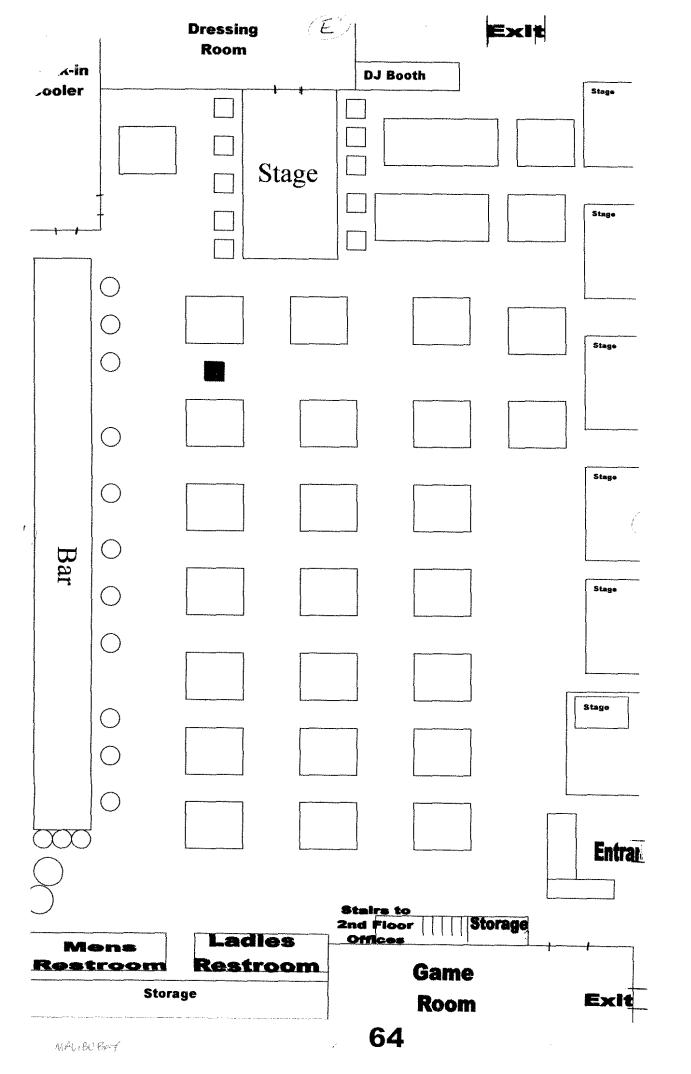
AMBRANCE PAGE LOTT

STAIRS TO UPSTAIRS OFFICES

OUT STOURE

**光745** 

A. Carrier





## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

**No. 2008-ENT-12** \$100.00



#### LAKE OF THE WOODS BAR AND GRILL

License is hereby granted to Gary and Mildred Zindars 2102 Fogel Rd., Mahomet IL to provide Recreation/Entertainment at 204 S. Prairieview Rd., Mahomet IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk

Chairman, Champaign County License Commission



# STATE OF ILLINOIS Champaign County Application for: Recreation & Enjertainment Licens

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

#### For Office Use Only

8-ENT-12
n. 1 thru Dec. 31, 2008
of the Woods Bar & Ligu
100.00
4.00
104.00
ms

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:

Α.	1	Name of Business: <u>LAKE OF WOODS</u>
/ \.	2.	Location of Business for which application is made: 2045, PRAIRIEVIEU
	۷.	RD. MAHOMET, IL. 6/853
	3.	Business address of Business for which application is made:   AME
	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: PACKAGE LIQUED
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided):
	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? $X \oslash$
	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: PARKIAL ENTER PRISES
		P.O. BON 6715, CHAMPA(QU, ILL. 61826-6715/0000
	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

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETUR APPLICANT

purposes and parking spaces. See page 3, Item 7.

	Place Resi	e: BRENDA KERNS Date of Birth: e of Birth: CHAMFAIGN FCC.Social Security No.: dence Address: 501 W. MAIN, MAHOMET, ICC. enship: U.5 If naturalized, place and date of naturalization:
Andrews of the Park of the Par	appl	uring the license period, a new manager or agent is hired to conduct this business, the icant MUST furnish the County the above information for the new manager or agent within 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): 6ARRY ZINDARS
		Mame(s) of owner(s) of local manager(s) (include any aliases). Control of the con
	2.	If naturalized, state <b>place</b> and <b>date</b> of naturalization:  Residential Addresses for the past three (3) years: 2102 Foge RD.  MAHONET, Techniques
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: LAKE OF WOODS PCKG, ABAR
		GARRY MICDRED ZUNDARS
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
). ).	Ansv	ver <b>only</b> if applicant is a Corporation:
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:  LAKE OF THE WOODS BAR *LIQUOR, TKE
		Data of Incorporation: 1/2 9/8 = ste wherein incorporated: T/C/0/5

Give first date qualified to do	business in Illinois:	N/A
		in Certificate of Incorporation:
204 3.	PRAIRIEUL	EW RD
		1853
		KAGE US SALES, "BAI
Names of all Officers of the 0		
Name of Officer CARRY	ZINDARS	Title: <i>P&amp; =S1DE0 T</i>
Date elected or appointed: $\angle$	/29/82S	ocial Security No.:
Date of Birth:	Place of Bi	ocial Security No.: rth:
Citizenship: // 5 -	a of polynolications	
ir naturalized, <b>piace</b> and <b>dau</b>	e of naturalization.	
Residential Addresses for pa	ast three (3) years:	102 FOGEL RA
Business, occupation, or emp	ployment for four (4) ve	ars preceding date of application for
		· CIQ UORS A
•		
A cita alan (with dimensions)	must accompany this	application. It must show the location

802. A \$4.00 Filing Fee should be included.

#### **AFFIDAVIT**

(Complete when applicant is an Individual or Partnership)

\text{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 the	wo members of Partnership
	•	
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Notary	/ Public
AFFID	AVIT	
(Complete when applic	ant is a Corporation)	e <sup>r</sup>
We, the undersigned, president and secret being duly sworn, say that each of us has read to therein are true and correct and are made upon made for the purpose of inducing the County of the We further swear that the applicant will not applicant of the State of Illinois or the Ordinant of applicant's place of business.  We further swear that we are the duly correspond as such are authorized and empowered to executable application.  Signature of President	ne foregoing application and our personal knowledge and Champaign to issue the licer of violate any of the laws of the ces of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and of the County of Champaistituted and elected officers are their application for and officers are their application.	I that the matters stated I information, and are use herein applied for the United States of aign in the conduct
Subscribed and sworn to before me this OFFICIAL SEAL JEAN MORGENSTERN Notary Public State of Illinois My Commercial Supres 02-18-10	day of October	<u> </u>
This <u>COMPLETED</u> application along with the made payable to MARK SHELDEN, CHAMPAIGN CO		r certified check ed in to the Champaign

69

County Clerk's Office, 1776 E. Washington St., Urban



### FOR ELUC USE ONLY

		Cour	nty Clerk's Office	
X	. 1.	Proper Application	Date Received:	
	2.	Fee	Amount Received:	
······································		<u>Sheriff</u>	<u>'s Department</u>	
	1.	Police Record	Approval: Date:	11/28/07
	2.	Credit Check	Disapproval: Date:	
	Ren	narks:	Signature: <u>CAPE Jum Do</u>	gw
		•		
	<i></i>	Planning &	Zoning Department	
	1.	Proper Zoning	Approval: Date:	12/04/07
	2.	Restrictions or Violations	Disapproval: Date:	
	Ren	narks: B-3 DISTRICT	Signature: 20NIN(a	ADMINISTRATE
		Environment &	Land Use Committee	
	1.	Application Complete	Approval:Date: _	
	2.	Requirements Met	Disapproval: Date:	
			Signature:	
	Rem	narks and/or Conditions:		
	<del> </del>			



#### CORPORATION FILE DETAIL REPORT

Entity Name	LAKE-OF-THE- WOODS BAR & LIQUORS, INC.	File Number	52633729
Status	GCODSTANDING		
Entity Type	CORPORATION	Type of Carp	DOMESTIC BCA
Incorporation Date (Domestic)	01/29/1982	State	irrinois ;
Agent Name	ROBERT W DOOD	Agent Change Date	01/14/2002
Agent Street Address	303 S MATTIS 201	President Name & Address	GARRY ZINDARS 2102 FOGEL RD MAHOMET 81853
Agent City	CHAMPAIGN	Secretary Name & Address	MILDRED ZINOARS SAME
Agent Zip	81821	Ouration Date	PERPETUAL
Annual Report Filing Date	12/19/2006	Far Year	2007

Return to the Search Screen

(One Control on Tonnacion)

(One Certificate per Transaction)

BACK TO CYBERORIVEILLINOIS.COM HOME PAGE

April 2006 Pop/Juice Coolers からうでするで Marker Cooler 8 SHELVES Entravice Supplies Deckase 7007 70006. Falls Register Lake of the Woods Bar SHELVES SHELUES SHELVES Q1 CO torase Unused Storase avea

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STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2008-ENT-11 \$100.00

NOT TRANSFERAT

LAST CALL FOR ALCHOL, INC.

License is hereby granted to Sheri Kaufman 116 East St., Penfield IL to provide Recreation/Entertainment at 105 Main St., Penfield IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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)

OCT 3 1 2007

License No.	2	.008 <b>-</b> 1	INT-	Ц			
Date(s) of Event	(s) <u>Jan</u>	. 1,	thru	ı Dec.	3]	•	2
Business Name: .	Last	Call	for	Alcoh	01	In	c
License Fee:	\$_	· · · · · · · · · · · · · · · · · · ·	1(	00.00			_,
Filing Fee:	\$_	4.0	00				
TOTAL FEE:	\$_		104.	.00			
Checker's Signature	e:	(^	MS				

For Office Use Only

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:

A.	1.	Name of Business: Last Call for Alchol, INC
	2.	Location of Business for which application is made:
		105 Main St. Penfield IL 61862
	3.	Business address of Business for which application is made:
		105 MAIN St. Penfield IL 61862
	4.	Zoning Classification of Property: Commercial:
	5.	Date the Business covered by Ordinance No. 55 began at this location: 8-21-06
	6.	Nature of Business normally conducted at this location:
		Bar
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment
		to be provided): Boods DJ + KARAOKE
	8.	Term for which License is sought (specifically beginning & ending dates):
		Jan 1, 2008 - Dec 31, 2008
		(NOTE: All annual licenses expire on December 31st of each year)
	9.	Do you own the building or property for which this license is sought?No
	10.	If you have a lease or rent the property, state the name and address of the owner and
		when the lease or rental agreement expires: HBT-217
		602 N. Country Fair Dr. Champaign IL. 6/82/
	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
		numoses and narking snaces. See nage 3. Item 7

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETUR APPLICANT

	Nam Plac Resi	ly responsible party of the business in the designated location:  e: Sheck Kaufman Date of Birth: e of Birth: Paxton TL Social Security No.: dence Address: 116 East St. Penfield TL. 61862 enship: US If naturalized, place and date of naturalization:
	appli	uring the license period, a new manager or agent is hired to conduct this business, the icant MUST furnish the County the above information for the new manager or agent within 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):
	2.	Date of Birth: Place of Birth: Citizenship: If naturalized, state place and date of naturalization: Residential Addresses for the past three (3) years:
	<u></u> .	
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ÁDDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
).	Ansv	ver <b>only</b> if applicant is a Corporation:
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:  LAST Call For Alchol, Inc.
	2	Date of Incorporation: $8-21-01$ te wherein incorporated: $II$ .

## Recreation & Entertainment License Application Page Three

Giv	e first date qualified to do business in Illinois:
Bus	iness address of Corporation in Illinois as stated in Certificate of Incorporation:
	105 N. Mnin St.
	Penfield II. 61862
Obj	ects of Corporation, as set forth in charter: $8-21-06$
-	nes of all Officers of the Corporation and other information as listed:
	ne of Officer: Skeri Kaufman Title: President
Date	e elected or appointed: 8-21-66 Social Security No.:
Citia	zenship: v S
If na	zenship: <u>v S</u> aturalized, <b>place</b> and <b>date</b> of naturalization:
Res	idential Addresses for past three (3) years: 116 East St.
	Penfield IL. 41842
Bus	iness, occupation, or employment for four (4) years preceding date of application fo
this	license:

ite amount of cash, or certified check

LERK, must be turned in to the Champaign

61802. A \$4.00 Filing Fee should be included.

#### **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	, 20
	Notary Public
	IDAVIT dicant is a Corporation)
being duly sworn, say that each of us has reach therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of	cretary of the above named corporation, each first of the foregoing application and that the matters stated on our personal knowledge and information, and are of Champaign to issue the license herein applied for not violate any of the laws of the United States of ances of the County of Champaign in the conduct constituted and elected officers of said applicant and ecute their application for and on behalf of said
Signature of President	Signature of Secretary
Subscribed and sworn to before me this	Signature of Manager or Agent  day of

This COMPLETED application along with the

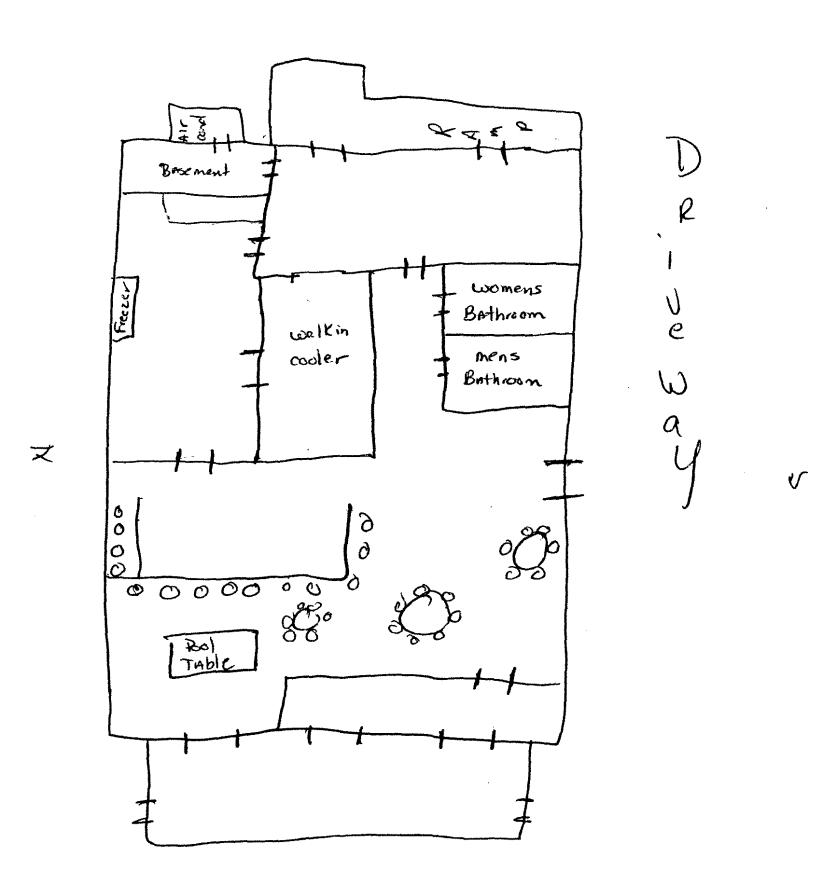
made payable to MARK SHELDEN, CHAMPAIGN C

County Clerk's Office, 1776 E. Washington St., Urba

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PAN VING

PARKING





### FOR ELUC USE ONLY

		Cour	nty Clerk's Office
囟	1.	Proper Application	Date Received: 10-31-67
	2.	Fee	Amount Received: 104.00
		<u>Sheriff</u>	<u>f's Department</u>
	1.	Police Record	Approval: Date:
	2.	Credit Check	Disapproval: Date:
	Rem	narks:	Signature: CAPE Jem Doge
		Planning &	Zoning Department
	1.	Proper Zoning	Approval: Date:
	2.	Restrictions or Violations	Disapproval: Date:
	Rem	narks: B-5 DISTRICT	Signature: 46 April Zoning Administrator
		Environment &	Land Use Committee
	1.	Application Complete	Approval: Date:
	2.	Requirements Met	Disapproval: Date:
			Signature:
	Rem	narks and/or Conditions:	
	***************************************		



## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2008-ENT-09

\$100.00

## NOT TRANSFERABLE

# DBA PINK HOUSE

License is hereby granted to Scott D. Cochrane 1602 Bentbrook Ct., Champaign IL to provide Recreation/Entertainment at 2698CR 1600N Ogden IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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)

License No.	2008-FNT-09
Date(s) of Even	t(s) <u>Jan. 1, thru Dec. 31, 20</u> 0
Business Name:	Kams of Illinois Inc.
License Fee:	\$ 100.00
Filing Fee:	\$ 4.00
TOTAL FEE:	\$_104.00
Checker's Signatur	re:

For Office Use Only

Filing Fees:

Per Year (or fraction thereof):

Per Single-day Event: Clerk's Filing Fee: S 100 00 0CT 3 200 00

Checks Must Be Made Payable To: Mark Sheden 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 TULINOIS LLC DBA PINK HOUSE
Λ.	2.	Location of Business for which application is made:
	۷.	2698 CR 1600 N 06DEN. IL 61859
	3.	Business address of Business for which application is made:
	4.	Zoning Classification of Property: B-4
	5.	Date the Business covered by Ordinance No. 55 began at this location: 12/31/02
	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): DT/LIVE MUSIC/JUKEBOX/KARAOKE/TV/VIDEO
	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?
	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: PINK LAND LLC (1002 N COUNTRY FAIR DR. CHAMPAKON, TL. (1821 EXP 12/31/07)
	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

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETUR! APPLICANT

purposes and parking spaces. See page 3, Item 7.

Nam Place	e: Date of Birth: e of Birth: Social Security No.:
Resi	dence Address: If naturalized, <b>place</b> and <b>date</b> of naturalization:
appli	rring the license period, a new manager or agent is hired to conduct this business, the cant MUST furnish the County the above information for the new manager or agent within 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.
1.	Name(s) of owner(s) or local manager(s) (include any aliases):
	Date of Birth: Place of Birth: CHAMPAIGN - URBANA, I Social Security Number: Citizenship: USA  If naturalized, state place and date of naturalization:
2.	Residential Addresses for the past three (3) years:  1602 BENTBROOK CT, CHAMPAIGN, TL 61822
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: OWNER/ OPERATOR OF EIGHT (8)
	Similar food + beverage Dusinesses in CHampaign and Urbana, Thinois
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED
Ansv	ver <b>only</b> if applicant is a Corporation:
	Name of Corporation exactly as shown in articles of incorporation and as registered:

## Recreation & Entertainment License Application Page Three

Give first date qualified to	do business in Illinois:	6/28/02	
Business address of Corp	oration in Illinois as state	ed in Certificate of Incorporation:	
	MAIN ST.		
URBAN	1A. IL 61801	ALQUIRE, OWN, LEASE AND S	
	10	ACQUIRE, OWN, LEASE AND S	>E
Objects of Corporation, as purpose for which Names of all Officers of the	s set forth in charter: 25 h a Company Ma ne Corporation and other	AL ESTATE AND FOR AN My De Organized Under To r information as listed:	Lie.
a a manager		mental blance a median A A median	_
Date elected or appointed	1: 6/28/02	Social Security No.:	
Date of Birth:	Place of	Social Security No.:  Birth: CHAMPAIGN - URBA	11
Citizenship: <u>USA</u>			
If naturalized, place and o	date of naturalization:		
Residential Addresses for	r nast three (3) years:		
1(102 BENT	BROOK CT. (+	FAMPAION, IL 61822	
Business accumpation or	omployment for four (4)	voore proceding data of application	a fa
		years preceding date of application	
BEVERAGE PO	ablishments	in Champaign C	) <u>I</u>
	· · · · · · · · · · · · · · · · · · ·	the control production	

\_ERK, must be turned in to the Champaign

#### **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
	, Ne	otary Public .
	IDAVIT licant is a Corporation)	
We, the undersigned, president and se being duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to exemplication.	the foregoing application and our personal knowledge of Champaign to issue the light not violate any of the laws ances of the County of Champaign to issue the laws ances of the County of Champaign and elected office ecute their application for an angle of the County of Champaign and elected office ecute their application for an angle of the county of Champaign and elected office ecute their application for an angle of the county of	and that the matters stated and information, and are icense herein applied for. of the United States of mpaign in the conduct ters of said applicant and on behalf of said
Signature of President	W Signati	ture of Segretary ure of Manager or Agent
Subscribed and sworn to before me this	day of <u>Defa</u>	, 20 <u>07</u> .
My commission expires 04/06/08  This COMPLETED application along with the	ne amount of cash	Notary Public  n. or certified check

County Clerk's Office, 1776 E. Washington St., Urban 85 61802. A \$4.00 Filing Fee should be included.

made payable to MARK SHELDEN, CHAMPAIGN CC

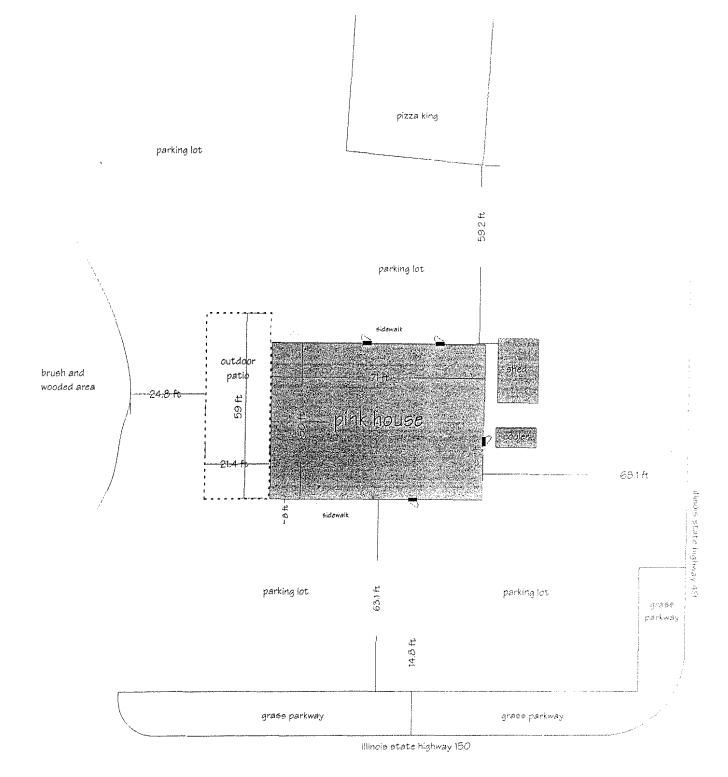


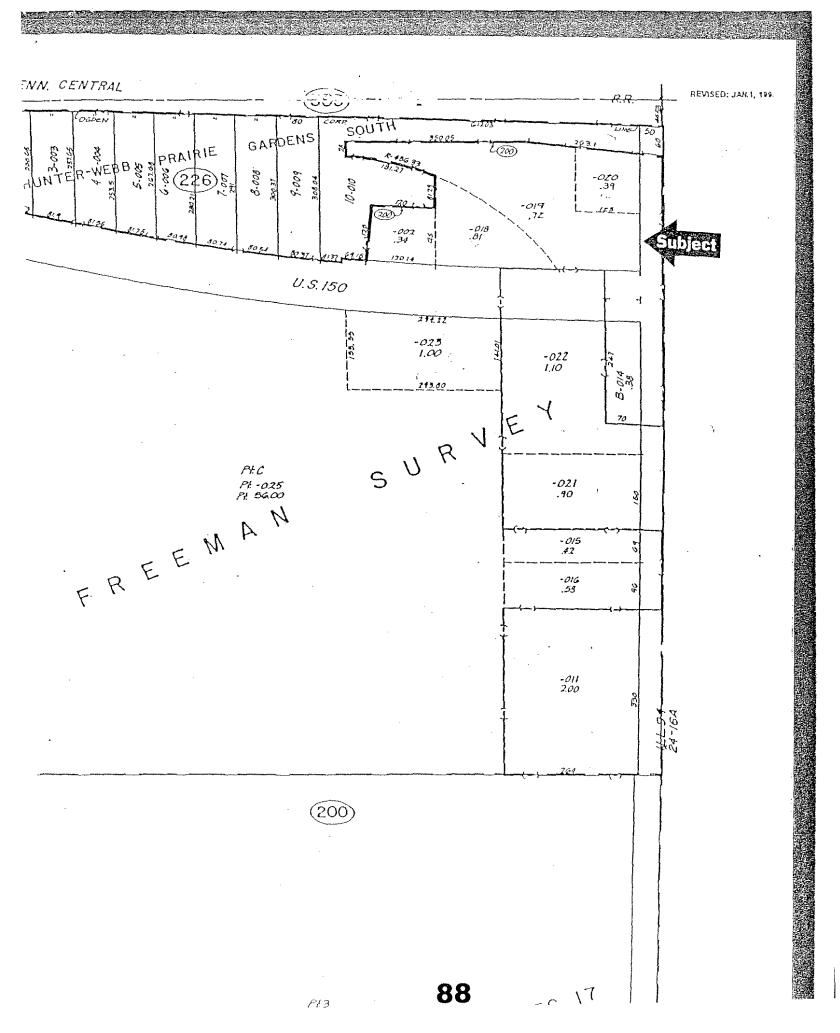
### FOR ELUC USE ONLY

		County	/ Clerk's Office	
$\boxtimes$	1.	Proper Application	Date Received:	10-30 67
X	2.	Fee	Amount Received:	104.00
		Sheriff's	Department	
	1.	Police Record	Approval:	Date: 11/28/67
	2.	Credit Check	Disapproval:	``````````````````````````````````````
	Rem	arks:	Signature: <u>LAoc</u>	I im Voger
	***************************************			
		Planning & Zo	oning Department	
	1.	Proper Zoning	Approval:	Date: 12/04/07
	2.	Restrictions or Violations	Disapproval:	Date:
	Rem	arks: B-4 DISTRICT	Signature:	ZONING ADMINISTRATO
		Environment & L	and Use Committee	
	1.	Application Complete	Approval:	Date:
	2.	Requirements Met	Disapproval:	Date:
			Signature:	**************************************
	Rem	arks and/or Conditions:		
	<u></u>			
	<del></del>			

site plan

The Pink House
2698 CR 1600 N
Ogden IL 61859









## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

**ENTERTAINMENT, RECREATION,** 

No. 2008-ENT-06

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

### NOT TRANSFERABLE

ROCK the shed, INC.

License is hereby granted to Steve Willard of 552CR 2425N Dewey IL to provide Recreation/Entertainment at 552CR 2425N Dewey IL in Champaign County from January 1, 2008 thru December 31<sup>st</sup>, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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)

<del>-</del>
2008-ENT-06
Jan. 1, thru Dec. 31, 20
cktheshed Inc.
\$ 100.00
\$ 4.00
\$104.00
M5

For Office Use Only

Filing	Fe <b>es</b> :		944	Per	Year (	or fraction	thereof):
		99		Das	Cimala	dov. Evon	٨.

\$ 100.00 \$ 10.00

Per Single-day Event: Clerk's Filing Fee:

\$ 4.00

Mark Shelders

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:

4	Name of Business: Rock the Shed Inc.	
1.		
2.	Location of Business for which application is made:	
	552 CR 2425 N, Dewey, IL 61840	
3.	Business address of Business for which application is made:	
	552 CR 2425 N Dewey IL 61840	
4.	Zoning Classification of Property: Conservation recreation	
5.	Date the Business covered by Ordinance No. 55 began at this location: 3/4/es	
6. Nature of Business normally conducted at this location: all age in		
	Venue	
7.	Nature of Activity to be licensed (include all forms of recreation and entertainment	
	to be provided): livenusic food (pieza + snack porty, weener)	
8.	Term for which License is sought (specifically beginning & ending dates).	
	1/1/08 thru 12-31-08	
	(NOTE: All annual licenses expire on December 31st of each year)	
۵	Do you own the building or property for which this license is sought? No	
10.	If you have a lease or rent the property, state the name and address of the owner and	
	when the lease or rental agreement expires: Helen Willard, 556 CR	
	2425 N. Dewey, Il 61840 on-going lease	
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	
	4, 5. 6. 7. 8.	

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETURNI APPLICANT

Nam	e:Date of Birth: e of Birth: Social Security No.:
Resi Citiz	dence Address: If naturalized, <b>place</b> and <b>date</b> of naturalization:
If, du	uring the license period, a new manager or agent is hired to conduct this business, the icant MUST furnish the County the above information for the new manager or agent within 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.
1.	Name(s) of owner(s) or local manager(s) (include any aliases):
2.	Date of Birth: Place of Birth: Citizenship: If naturalized, state place and date of naturalization: Residential Addresses for the past three (3) years:
۷.	
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED
	Luis and in a Company in a
Ans	wer <b>only</b> if applicant is a Corporation:

## Recreation & Entertainment License Application Page Three

552 CR 242	tion in Illinois as stated in Certificate of Incorporation:
552 CR 242 Dewey, IL	5N
Dewey, Il	1 1 .01/2
<i>)</i> /	- 61870
bjects of Corporation, as se	t forth in charter: for teems teach respect abstinance drugs + deathed, mentoring
amor of all Officers of the C	`ornoration and other information as listed:
ame of Officer: Steve	Willard Title: President
ate elected or appointed:	3-4-05 Social Security No.:
ate of Birth:	Place of Birth: Champaign, Of
naturalized, <b>place</b> and <b>date</b>	Willard Title: President  3-4-05 Social Security No.:  Place of Birth: Champaign Of  of naturalization:
	st three (3) years:
552 CR 24	25N
Deinen, Of	61840
usiness, occupation, or emp	ployment for four (4) years preceding date of application fo
552 CR 24	25N

#### **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 m	nembers of Partnership
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Notary Pul	blic ,
	IDAVIT licant is a Corporation)	
We, the undersigned, president and se being duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to exemplication.	If the foregoing application and that on our personal knowledge and into the control of Champaign to issue the license not violate any of the laws of the ances of the County of Champaign onstituted and elected officers of	at the matters stated formation, and are herein applied for. United States of in the conduct said applicant and
Subscribed and every to before me this	~	anager or Agent  2007  20phid

This COMPLETED application along with the made payable to MARK SHELDEN, CHAMPAIGN CO County Clerk's Office, 1776 E. Washington St., Urba 93 s 61802. A \$4.00 Filing Fee should be included

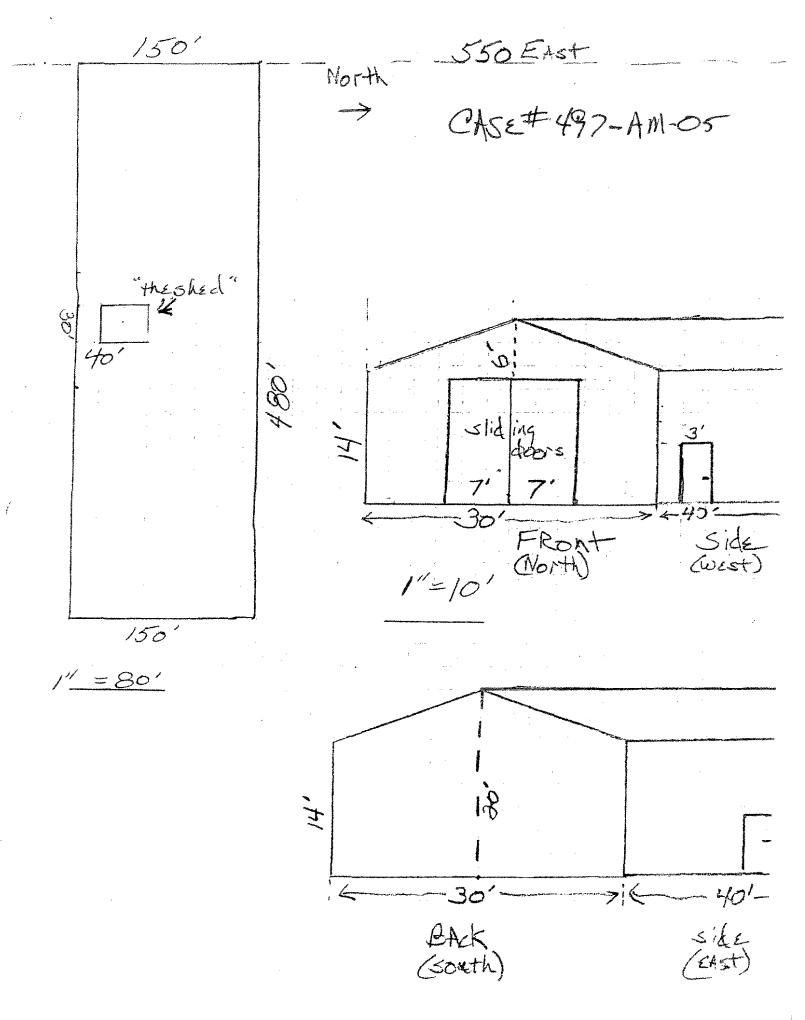
ate amount of cash, or certified check CLERK, must be turned in to the Champaign



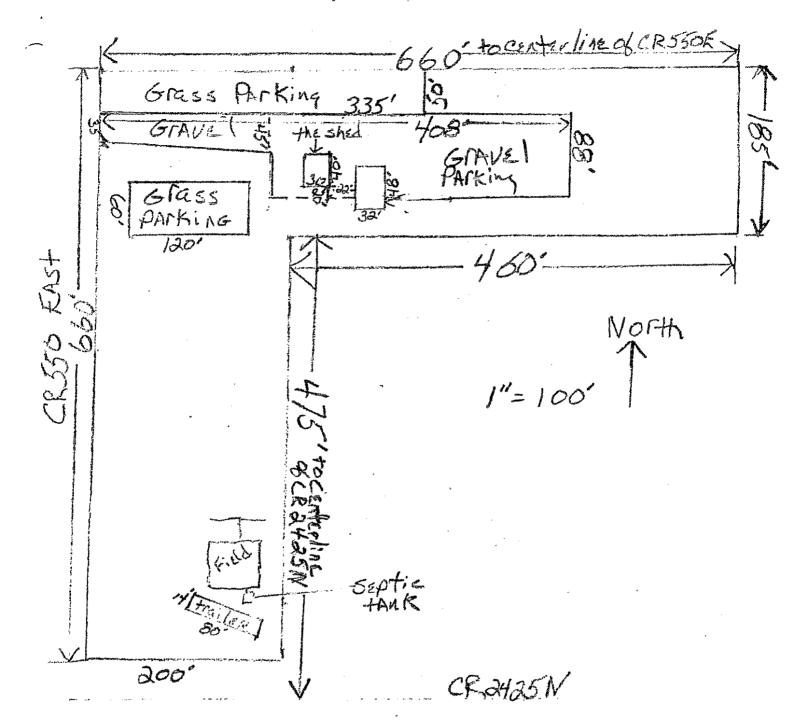
### FOR ELUC USE ONLY

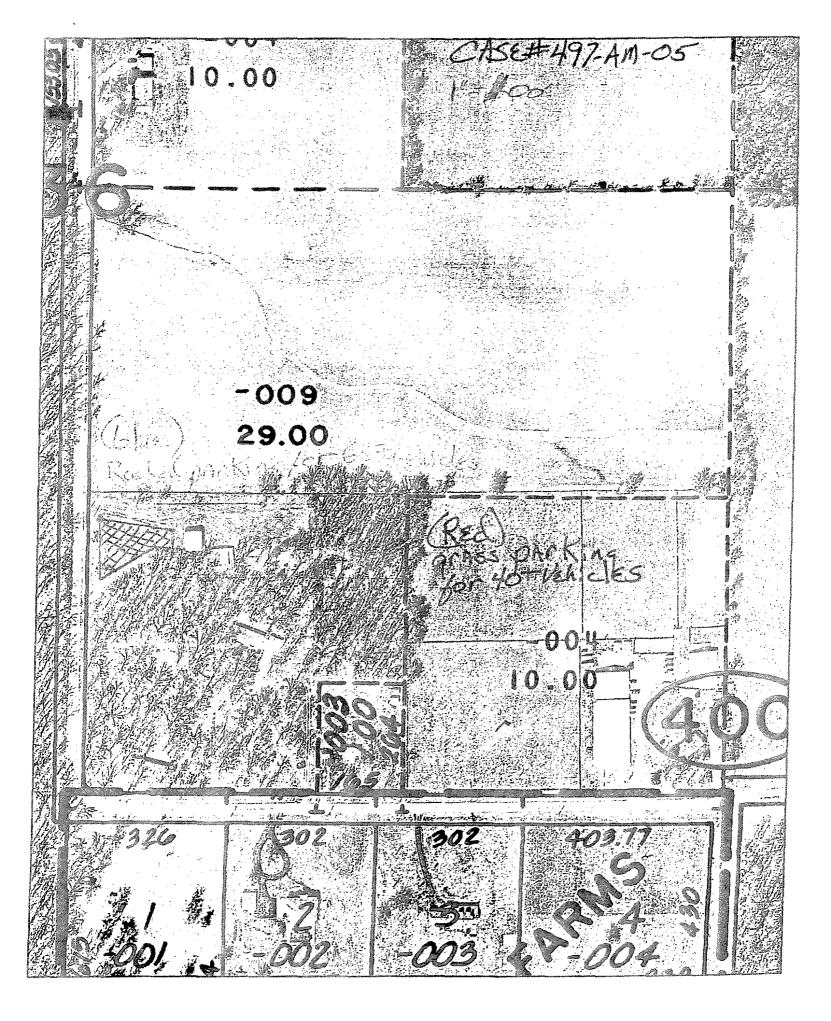
		Cour	nty Clerk's Office	
$\square$	1.	Proper Application	Date Received: 10-29-07	<del></del>
M	2.	Fee	Amount Received: 104.00	
<del></del>		Sherif	f's Department	
	1.	Police Record	Approval: Date:	
	2.	Credit Check	Disapproval: Date:	-
	Rem	narks:	Signature: LAPT Jim Dogw	······································
_		Planning &	Zoning Department	
	1.	Proper Zoning	Approval: Date: 12/04/07	<del></del>
	2.	Restrictions or Violations	Disapproval:Date:	. <del></del>
	Ren	narks: CR DISTRICT	Signature: 20NING ARMINISTRA	FCF
	<u>tii</u>	ve portermences within and	any Use Permit adich is limited to no more the three month period and other zening regits	<u> </u>
		Environment &	Land Use Committee	
	1.	Application Complete	Approval: Date:	
	2.	Requirements Met	Disapproval: Date:	***************************************
			Signature:	
	Rem	narks and/or Conditions:		
				<u></u>

Sherry Newton - Treasurer 1306 E. Kimela Mahamet, De 61853 appointed 3/4/05 SS # DOB: Place of birth: India U.S. Citizen Donville, court House, 1995 employment: President NG-Ryle Companies Micah Boyce - Vice President 202 W. Raplin Cissna Park, De 60924 appointed: 3/4/05 DOB: Place of birth: Urbana, Il U.S. Citizen employment: musician



## CASE#497-AM-05









## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

**ENTERTAINMENT, RECREATION,** 

No. 2008-ENT-01

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

### NOT TRANSFERABLE

#### SHIRLEY'S OASIS

License is hereby granted to Shirley LaBounty of 206 E.Plumb, Gifford IL to provide Recreation/Entertainment at 2705CR 3000N, Penfield IL in Champaign County from January 1, 2008 thru December 31<sup>st</sup>, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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 Office	Use	Only
------------	-----	------

1 01	Office ode Offig
License No.	2008-ENT-01
Date(s) of Event	( <b>s</b> ) Jan. 1 thru Dec. 31, 20
Business Name:	Shirley's Oasis
License Fee:	\$ 100.00
Filing Fee:	\$4.00
TOTAL FEE:	\$ 104.00
Objectively Oten store	AVC .

	to the first of the second of
Filing Fees:	Per Year (or fraction thereof):
Marta.	Per Year (or fraction thereof):  **Alersingle-day Event:

\$ 100.00

\$ 10.00

CHAMPAIGN COLOTERKIS Filing Fee:

78 9007

\$ 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.	Name of Business: Shirleus ( ) asis
	2.	Location of Business for which application is made: 2705 (4 3000 へ)
		Penfield, IL 6/862
	3.	Business address of Business for which application is made: Same as above
		2705 CR 3000 N Penfield, IL GIBG2
?	4	Zoning Classification of Property:
·	5.	Date the Business covered by Ordinance No. 55 began at this location: 1/12/07
	6.	Nature of Business normally conducted at this location: Restancent & Tavern
		Food + Sprits, Cooking, Pool Tables, July hox, Karagle JU. Sond
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment
		to be provided): DJ - Karanke - Rand-Amusement Machines - Pool Tables - Juliehox
	8.	Term for which License is sought (specifically beginning & ending dates): $\pm \alpha$ , 1, 2008
		Dec. 31, 2008
		(NOTE: All annual licenses expire on December 31st of each year)
	9.	Do you own the building or property for which this license is sought? No
	10.	If you have a lease or rent the property, state the name and address of the owner and
		when the lease or rental agreement expires: Roxanna Rigdon 571 yespe
		Greet Texarbana AR 71854
	11	If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE AND WILL BE RETU APPLICANT

purposes and parking spaces. See page 3, Item 7.

application showing location of all buildings, outdoor areas to be used for various

Ansv	ver <b>only</b> if applicant is a Corpora  Name of Corporation exactly a	ation: N/A as shown in articles of incorporation and as registered:	
		SECTION D. OBTAIN ADDITIONAL FORM PAGES IF RK AND ATTACH TO THIS APPLICATION WHEN FILE	
3.		loyment of applicant for four (4) years preceding date of Lawn owing Business Self-employed	
2.	If naturalized, state <b>place</b> and Residential Addresses for the G: Ford, TC 6184	date of naturalization: NA past three (3) years: 206 E.Plu	umb
1.	Date of Birth:  Social Security Number:	nanager(s) (include any aliases): Shirley La Bou arley Gallagher, Shirley Johnson Place of Birth: Urbana, Il Citizenship: Pus. Citizen	nti
	necessary, for attachment to the		8
	If the applicant is a corporation are supplied for the corporation are	on, all the information required under Section D must be not for each officer.	
·	· · · · · · · · · · · · · · · · · · ·	ollowing questions must be supplied by the applicant, if a who share in profits of a partnership, if the applicant is a	ın
appli	uring the license period, a new m cant MUST furnish the County the 10) days.	nanager or agent is hired to conduct this business, the he above information for the new manager or agent within	n
Residence Citize	dence Address: If r	naturalized, place and date of naturalization:	
		Date of Birth: Social Security No.:	

## Recreation & Entertainment License Application Page Three

Business address of Corporation in Illin				
	ois as stated in Certificate of Incorporation:			
Objects of Corporation, as set forth in c	harter: N/A			
Names of all Officers of the Corporation and other information as listed:				
Name of Officer: V/A	Title: Social Security No.: Place of Birth:			
Date elected or appointed:	Social Security No.:			
Citizenship:	Flace of Birtil.			
If naturalized, place and date of natura	lization:			
N/A	) years:			
	or four (4) years preceding date of application			
~ ~				

#### **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.

business hereunder applied for.	Title County of Champ	aigh in the condu	ct of the				
Stale, July							
signature of Owner or of one of two members of Partnership	Signature of Owner o	or of one of two membe	rs of Partnership				
Signature of Manager or Agent	,						
Subscribed and sworn to before me this	Marta) C	DCTOBER Notary Public	, 20 <u>07</u>				
5 My Commission Expires 7-20-20							
AFI	FIDAVIT	, ·	/				
(Complete when ap	plicant is a <b>Corporatio</b>	n)					
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 Secre	tary				
		Signature of Manage	r or Agent				
a	1 <b>f</b>	9	•				
Subscribed and sworn to before me this	day of		, 20				
		Notary Publ	lic				

This <u>COMPLETED</u> application along with "made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St., U

amount of cash, or certified check
RK, must be turned in to the Champaign
103 802. A \$4.00 Filing Fee should be included.



#### FOR ELUC USE ONLY

#### County Clerk's Office Proper Application Date Received: 1. Amount Received: FLOH の CK集7712 2. Fee Sheriff's Department \_\_\_\_\_ Date: 11/2 8/07 Police Record Approval: 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Credit Check 2. Signature: LAPT Jim Uson Remarks: Planning & Zoning Department Date: 12/04/07 Proper Zoning Approval: \_\_\_ Date: \_\_\_ 2. Restrictions or Violations Disapproval: ZONING ADMINISTRATOR Signature: Remarks: B-3 DISTRICT **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Requirements Met 2. Signature: Remarks and/or Conditions:

101 Bowds/107 かってするのか +1 250 3 table is /xe land 3 James and of the state of the s SAM of the state of th As Lobe losses Pitaling -and FRENCH DE 3800 8 \* Kharasoras 390/30 (Cuployer Cutomer (South) Secretary of gols drap 100 Ja. 5', 5 Rose X 210012 X TO THE 0000 いるっている Lord pace, was a log (200)K astone 0 Cook in 0 学》 1:20/200 . 407 partition on my areas 300 vap+, y ٥ ٥ DOTE NO Salad Ort Jest chan mas Erin 到 TAN O Barken 回 Ners ary:0 Mapu m Custoner (Heast) 105

Parting for author PTAAA 50 50 portion for <u>ာ</u> Oster Sur Ochried's Ossis 上えら 110,4.7121 Entrance GC0-5517 mesty 2 106 Porties Grassy Parking



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

**ENTERTAINMENT, RECREATION,** 

No. 2008-ENT-07

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

## NOT TRANSFERABLE

### TINCUP RV PARK INC.

License is hereby granted to Gary and Ronda Robinson of 218 S. L.O.W. Rd., Mahomet IL to provide Recreation/Entertainment at 1715 E. Tincup Rd., Mahomet IL in Champaign County from January 1, 2008 thru December 31<sup>st</sup>, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

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)

,	••	···,			
License No.	200	8-ENT-07			
Date(s) of Event	( <b>s)</b> <u>Jan</u>	. l thru	Dec.	31,	<u>20</u> 08
Business Name:	Tincup	RV Park	Inc.		
License Fee:	\$_	100.	00		
Filing Fee:	\$_	4.00			
TOTAL FEE:	\$_	104.00			
Checker's Signature	e:	m 5			

For Office Use Only

Filing Fees:

Per Year (or fraction thereof):

Per Single-day Event:

Clerk's Filing Fee:

\$ 100.00

\$ 10.00

4.00

FILED

OCT 3 0 2007

Checks Must Be Made Payable To: Mark Shelden, Champaign Collate Clerkelden CHAMPAIGN COUNTY CLERA

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.	Name of Business: TINCUP RV PARK, INC.
-	2.	Location of Business for which application is made: 1715 E. Tincup Rd Mahomet, 11. 61853
	3.	Business address of Business for which application is made:  1715 E. Tincup Rd Mahomet, IL. 61853
	4.	Zoning Classification of Property: majority of tract CH CO B-3 Hwy Business;
	5.	Zoning Classification of Property: majority of tract CH CO B-3 Hwy Business; small area to north of Village of Mahomet L2 Commercial Date the Business covered by Ordinance No. 55 began at this location: 1999
	6.	Nature of Business normally conducted at this location:  Recreational Vehicle Park
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): recreational vehicle camping, golf driving range
	8.	Term for which License is sought (specifically beginning & ending dates):  January 1, 2008 - December 31, 2008
		(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?yes
	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: NA
	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

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

purposes and parking spaces. See page 3, Item 7.

Nam Plac Resi	e: Stephen Robinson Date of Birth: e of Birth: Daytona Beach, FL Social Security No.: dence Address: 2004 Juniper Drive Mahomet, I1. 61853 enship: USA If naturalized, place and date of naturalization:
Citiz	enship: ii naturalized, <b>place</b> and <b>date</b> of naturalization
appl	uring the license period, a new manager or agent is hired to conduct this business, the icant MUST furnish the County the above information for the new manager or agent within 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.
1.	Name(s) of owner(s) or local manager(s) (include any aliases):  Gary Robinson Ronda Robinson
	Date of Birth: Place of Birth: Marion NC New Ulm MN Social Security Number: Citizenship: USA
2.	If naturalized, state place and date of naturalization:  Residential Addresses for the past three (3) years:  218 S. Lake of the Woods Rd  Mahomet, II. 61853
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:  R & S Sales & Service  Mahomet, 11. 61853
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
Ansv	wer <b>only</b> if applicant is a Corporation:
	Name of Corporation exactly as shown in articles of incorporation and as registered:
1.	Tincup RV Park, Inc.

# Recreation & Entertainment License Application Page Three

Give first date qualifie	ed to do business in Illino	is:		
Business address of	Corporation in Illinois as	stated in Certificate of Incorporation:		
1715 E. Tincu	1715 E. Tincup Rd			
Mahomet, Il.	61853			
Objects of Corporation	on, as set forth in charter:	campground		
Names of all Officers	of the Corporation and c	other information as listed:		
Name of Officer:	Gary Robinson	Title:President Social Security No.:		
Date elected or appo	inted:	Social Security No.:		
Date of Birth:	Place	e of Birth: Marion NC		
Citizenship: USA				
it naturalized, <b>place</b> a		1:		
Residential Addresse		6:		
218	S.Lake of the Woods Rd			
Maho	omet, IL. 61853			
D	or ampleyment for four	(4) years preceding date of application		
	owner R & S Sa			
uns ncense.	Mahomet, Il. 61	853		

on file from past years

buildings, outdoor areas to be used for various purposes and parking spaces.

#### **AFFIDAVIT**

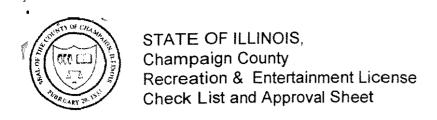
(Complete when applicant is an Individual or Partnership)

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

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

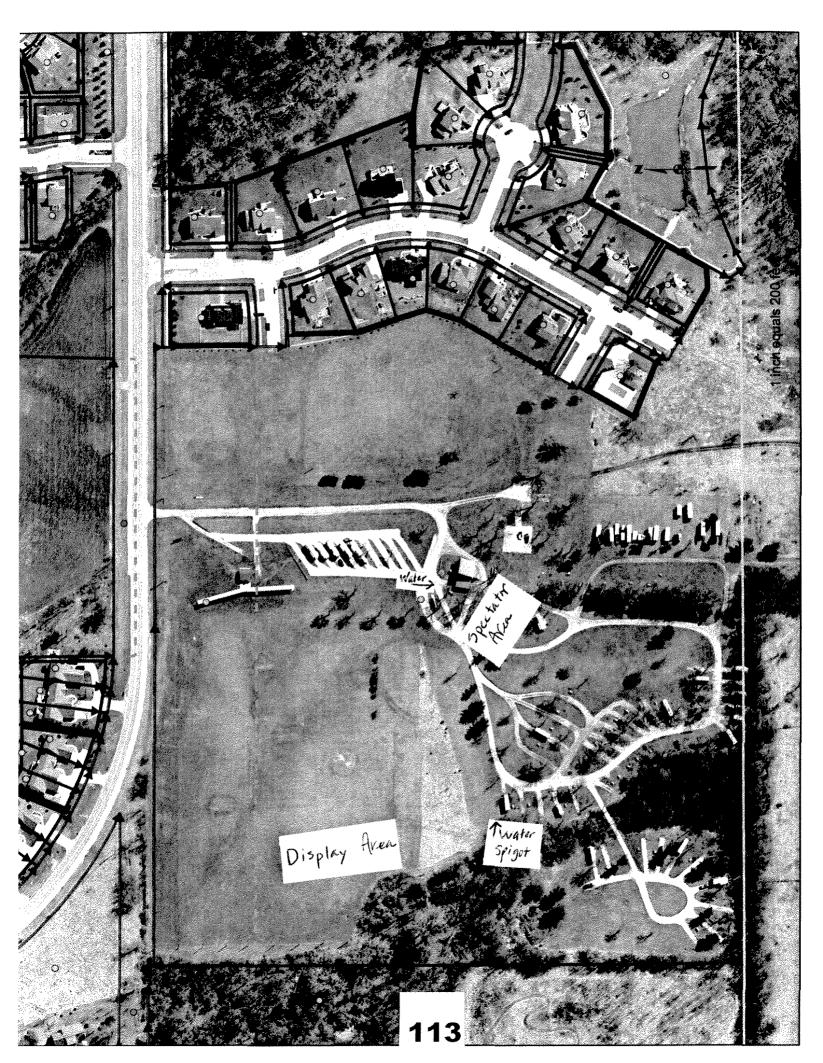
Signature of Owner or of one of two members of Partnership	Signature of Owner or of one of two members of Partnership	
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of , 20	
	Notary Public	
	IDAVIT licant is a Corporation)	
being duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will America or of the State of Illinois or the Ordina of applicant's place of business.  We further swear that we are the duly of as such are authorized and empowered to exemplication.	Linda Taluna	
Signature of President	Signature of Secretary  Signature of Manager or Agent	
Subscribed and sworn to before me thisOFFICIAL JEFFREY D.	day of 10 10 10 hr., 20 0 7.	
NOTARY PUBLIC, ST MY COMMISSION ED This COMPLETED application along with the	ATE OF JUMNOIS Notary Public	
made payable to MARK SHELDEN, CHAMPAIGN		

County Clerk's Office, 1776 E. Washington St., Urb **111** is 61802. A \$4.00 Filing Fee should be included.



## FOR ELUC USE ONLY

## County Clerk's Office 10-50-07 **Proper Application** Date Received: Amount Received: 104.00 Fee 2. Sheriff's Department Approval: \_\_\_\_\_ Date: 11/29/57 Police Record 1. Disapproval: \_\_\_\_\_ Date; \_\_\_ Credit Check 2. Signature: Laer Jem Voor Remarks: Planning & Zoning Department Date: 12/04/07 Proper Zoning Approval: Restrictions or Violations Disapproval: 2. Signature: Remarks: B3 PISTRICT **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_ Requirements Met 2. Signature: Remarks and/or Conditions:





# STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2008-ENT-10 \$100.00

NOT TRANSFERABLE

### **UNCLE BUCK'S SPORTS BAR INC.**

License is hereby granted to Teresa L. Eichelberger 2006 Middletown Rd., Mahomet IL to provide Recreation/Entertainment at 215 L.O.W. Rd., Mahomet IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk

Chairman, Champaign County License Commission



STATE OF ILLINOIS, Champaign County Application for: Recreation & Entertainme

Applications for License under Count Ordinance No. 55 Regulating Recrea Other Businesses within the County by businesses covered by this Ordina than Massage Parlors and similar en

OCT 3 0 2007

	License No	2008-ENT-10
nt License	Date(s) of Event(s	3) Jan. 1, thru Dec. 31, 2
	Business Name: _	Uncle Buck's Sports Bar I
ty ational &	License Fee:	\$ 100.00
(for use ance other terprises)	Filing Fee:	\$ 4.00
	TOTAL FEE:	\$ 104.00
	Checker's Signature:	MR

For Office Use Only

Filing Fees:

May Per Neat for fraction thereof):

\$ 100.00 10.00

CHAMPAIGNRepiBingle+day Event:

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: Α. 1.

Location of Business for which application is made: 2. 215 S. LOW. Kal. Mahamet Business address of Business for which application is made: 3. SAME AS #2 Zoning Classification of Property: Commercial 4. Date the Business covered by Ordinance No. 55 began at this location: 5. Nature of Business normally conducted at this location: Sell Beev 6. Liquor for consumption. Nature of Activity to be licensed (include all forms of recreation and entertainment 7.

to be provided): Divis + ISANDS Term for which License is sought (specifically beginning & ending dates): 8.

DEC 31ST 2008

(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: HBT217 62 N. Contry Fair De: Champian Il 4821/01/2017

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 BE CONSIDERED FOR A LICENSE AND WILL BE RETU **PPLICANT** 

# Recreation & Entertainment License Application Page Two

Nan	ne:Date of Birth:	
Place of Birth: Social Security No.:		
Citiz	zenship:If naturalized, place and date of naturalization:	
app	luring the license period, a new manager or agent is hired to conduct this business, the licant MUST furnish the County the above information for the new manager or agent within (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.	
1.	Name(s) of owner(s) or local manager(s) (include any aliases): ERESA LICHER	
	Date of Birth: Place of Birth: CITY Hospito Social Security Number: tizenship: tizenship: U.S.	
2.	If naturalized, state <b>place</b> and <b>date</b> of naturalization:  Residential Addresses for the past three (3) years: 2006 Middletown Ro	
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: UNCH BUCKIS SOVED BAR THE BUSINESS OWNER FOR I	
	CH OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF EDED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.	
Ans	swer <b>only</b> if applicant is a Corporation:	
1.	Name of Corporation exactly as shown in articles of incorporation and as registered:	

## Recreation & Entertainment License Application Page Three

Give first	date qualified to do business in Illinois: May, 20th 1992
	address of Corporation in Illinois as stated in Certificate of Incorporation:  5 S. Lake of the Words Rd.
111	Mamet, IL 61853
Objects o	Corporation, as set forth in charter:
Name of Date elect Date of B Citizensh If naturali	p: <u>[], S,                                   </u>
Residenti	al Addresses for past three (3) years: SAME AS C-#2
Business this licens	occupation, or employment for four (4) years preceding date of application for $SAME$ AS $G\#S$

Signature of Owner or of one of two members of Partnership

#### **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.

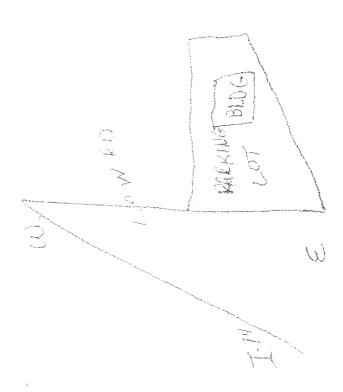
Signature of Owner of of the of two members of Farmership	organizate of extends of or one of the	To members of a different
Signature of Manager or Agent		
Subscribed and sworn to before me this	day of	, 20
	Notary	/ Public
AFFID  (Complete when applic		
We, the undersigned, president and secreting duly sworn, say that each of us has read therein are true and correct and are made upon made for the purpose of inducing the County of We further swear that the applicant will near the America or of the State of Illinois or the Ordinan of applicant's place of business.  We further swear that we are the duly contains such are authorized and empowered to execute application.	the foregoing application and our personal knowledge and Champaign to issue the licer ot violate any of the laws of the ces of the County of Champanstituted and elected officers	that the matters stated information, and are use herein applied for he United States of aign in the conduct of said applicant and
Signature of President	Seven Scient	helleger  of Manager or Agent
Subscribed and sworn to before me this	day of Octobe	<u></u>
OFFICIAL SEAL  JEAN MORGENSTERN  Notary Public, State of Illinois  My Commission Expires 02-18-10  This COMPLETED application along with the company of the	amount of cash, or	lotary Public r certified check ed in to the Champaign
County Clerk's Office, 1776 E. Washington St., Ur		na Fee should be included

County Clerk's Office, 1776 E. Washington St., Ur



## FOR ELUC USE ONLY

## County Clerk's Office Proper Application Date Received: 1. Amount Received: 104.00 2. Fee Sheriff's Department \_\_\_\_\_ Date: 11/28/07 Police Record Approval: 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Check 2. Signature: CAPE Jem Coow Remarks: Planning & Zoning Department Date: 12/04/07 Proper Zoning Approval: Restrictions or Violations Disapproval: 2. Date: \_\_\_\_ Remarks: A DISTRICT-Signature: 2 **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_ Requirements Met 2. Signature: Remarks and/or Conditions:





## STATE OF ILLINOIS COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION, LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2008-H-1 \$200.00

# NOT TRANSFERABLE

#### MOTEL 6

License is hereby granted to Vijay M. Patel 1906 N. Cunningham Ave., Urbana ÌL to provide Lodging at 1906 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2008 thru December 31, 2008. This License expires the 1<sup>st</sup> day of January 2009 at 12:01am.

Witness by my Hand and Seal this 11th day of December, A.D. 2007.

MARK SHELDEN County Clerk Champaign County

Chairman, Champaign County License Commission



## STATE OF ILLINOIS, Champaign County Application for Hotel/Motel License

FOR OFFICE USE ONLY
License No.: 2008-H-1

Business Name: MOTEL 6

License Fee: \$ 200. 00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 204. 00

Clerk:

Application for License under County Ordinance No. 5 Providing for the Licensing and Regulation of Public Lodging Facilities within the County.

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.

1.	Name of Business: MOTEL 6	
 2.	Location of Business for which application is made: 1906 N. CUN	ningham Ave, URBANA
3.	Number of rooms available: <u>90</u>	IL-61802
4.	Name, age, and address of the applicant; and in case of a copartnership, address of all persons who share in the profits; and in case of a corporation address of the directors of the corporation, are:	
	<u>NAME</u> <u>AGE</u>	<u>ADDRESS</u>
VI	VITAY M. PATEL 44 190	06 N. CUNNINGham Ave URB
A	AJAY B PATEL 38 160	3 W. Morton AVE, Jacksonville, 2
RA	PAKESH V. PATEL 32 610	E. sfringfied Rd, Arcola, 1626:
		6191
5.	Is applicant a citizen of the United States of America?  Place of birth:  India  If naturalized, place and date of naturalization:	'esNo
3.	The applicant intends to operate or maintain the above business at: $\frac{1900}{URB}$	6 N. Cynningham Ave ANA, IL-61802
	AFFIDAVIT	
	states that he is the identical person whose name is signed to the above a and all of the statements made therein are true and correct.	•
Sign	Signature of Applicant Signature of Applic	cant .
oign		<del></del>
	Signed and sworn to before me this 31 day of October	, 20 <u>07</u>
	OFFICIAL SEAL BRITTANY MC TAGGART NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 11-29-2010 It is understood that a violation by the applicant of any of the laws of the	ny mclassad  State of Illinois or of the United

Amount of License Fee Accompanying Th

he business aforesaid, shall be grounds for the revocation of any license issued hereunder.

on: \$ 004.00

States, or of any Resolution or Ordinance of the County Board of the County of Champaign, Illinois, in the conduct of