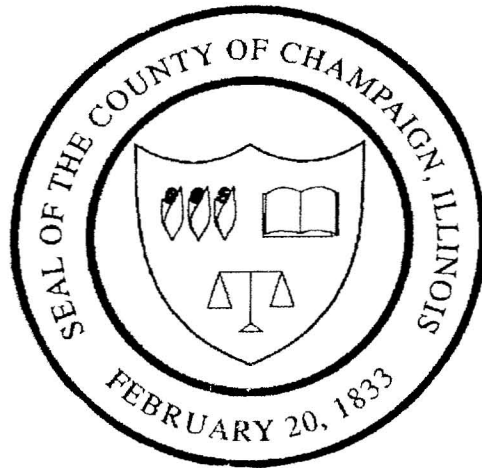


*Environment
& Land Use Committee
Special Meeting Agenda*

December 18, 2008



6:15 p.m.

*Jennifer Putman Meeting Room
(Meeting Room 2)
Brookens Administrative Center
1776 East Washington, Urbana, IL 61802
(217) 384-3708*

SPECIAL MEETING AGENDA

Champaign County Environment & Land Use Committee

Date: *December 18, 2008*

Time: *6:15 p.m.*

Place: *Jennifer Putman Meeting Room
(Meeting Room 2)
Brookens Administrative Center
1776 E. Washington St.
Urbana, Illinois*

Members:

*Carol Ammons, Jan Anderson, Chris Doenitz
Brad Jones, Alan Kurtz (VC), Ralph Langenheim,
Steve Moser, Jon Schroeder, Barbara Wysocki (C)*

Phone: *(217) 384-3708*

AGENDA

Old Business shown in Italics

- 1. Call to Order**
- 2. Approval of Agenda**
- 3. Public Participation**
- 4. Recreation and Entertainment License: Alto Vineyards, 4210 N. Duncan Rd, 1 thru 8
Champaign, IL. January 01, 2009 through December 31, 2009.**
- 5. Recreation and Entertainment License: Curtis Orchard LTD, 3902 S. Duncan 9 thru 17
Rd, Champaign, IL. January 01, 2009 through December 31, 2009.**
- 6. Recreation and Entertainment License: Uncle Buck's Sports Bar Inc, 215 18 thru 24
Lake of the Woods Rd, Mahomet, IL. January 01, 2009 through December
31, 2009.**
- 7. Recreation and Entertainment License: Shirley's Oasis, 2705 CR 3000N, 25 thru 31
Penfield, IL. January 01, 2009 through December 31, 2009.**
- 8. Recreation and Entertainment License: Lake of the Woods Bar and Grill, 32 thru 40
204 S. Prairieview Rd, Mahomet, IL. January 01, 2009 through December 31,
2009.**
- 9. Recreation and Entertainment License: Rock the Shed, Inc. 552 CR 2425N, 41 thru 49
Dewey, IL. January 01, 2009 through December 31, 2009.**
- 10. Recreation and Entertainment License: Tincup RV Park, Inc, 1715 E. 50 thru 55
Tincup Rd, Mahomet, IL. January 01, 2009 through December 31, 2009.**
- 11. Other Business**
- 12. Adjournment**





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-02
\$100.00

Alto Vineyards

License is hereby granted to James Dubnicek of 375 County Rd 2425 N, Mahomet, IL to provide Recreation/Entertainment at 4210 N. Duncan Rd, Champaign, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day January 2010 of at 12:01am.

Witness my Hand and Seal this 19th day of December, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

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

For Office Use Only

License No. 2009-ENT-02
Date(s) of Event(s) YEARLY
Business Name: ALTO VINEYARDS CHAMPAIGN
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: _____

FILED

Filing Fees:	Per Year (or fraction thereof):	\$ 100.00	
	Per Single-day Event:	\$ 10.00	NOV 25 2008
	Clerk's Filing Fee:	\$ 4.00	

Mark Shelden

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:

- A.
1. Name of Business: ALTO VINEYARDS CHAMPAIGN
 2. Location of Business for which application is made: NORTH OF Rt. 150 ON DUNCAN RD.
 3. Business address of Business for which application is made: 4210 N. DUNCAN RD. CHAMPAIGN IL. 61822
 4. Zoning Classification of Property: B-2
 5. Date the Business covered by Ordinance No. 55 began at this location: 11-01
 6. Nature of Business normally conducted at this location: RETAIL WINE AND GIFT SALES
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): SMALL BAND CONCERTS MAY-SEPT.
 8. Term for which License is sought (specifically beginning & ending dates): 1-1-09 12-31-09

(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: _____
11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

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

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

Name: MATT DICKSON Date of Birth: _____
Place of Birth: McCOMB IL Social Security No.: _____
Residence Address: 1007 S GARFIELD, URBANA IL 61801
Citizenship: YES If naturalized, place and date of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): _____
JAMES DUBNICK
Date of Birth: _____ Place of Birth: CHICAGO, IL
Social Security Number: _____ Citizenship: YES
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: _____
375 C.R. 2425 N.
MAHOMET IL 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: ALTO VINEYARDS CHAMPAIGN

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

D. Answer only if applicant is a Corporation:

1. Name of Corporation exactly as shown in articles of incorporation and as registered: ALTO VINEYARDS LTD.
2. Date of Incorporation: 04-11-88 State wherein incorporated: ILLINOIS

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

N/A

Give first date qualified to do business in Illinois: 04-11-88

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

ROUTE #1 Box 51
ALTO PAS, IL. 62905

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

RETAIL/WHOLESALE WINE SALES

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

Name of Officer: PAUL RENCALIA Title: PRESIDENT

Date elected or appointed: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: MINNEAPOLIS, MINN.

Citizenship: YES

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

87 HARRIS LAKE
ALTO PAS, IL. 62905

Business, occupation, or employment for four (4) years preceding date of application for this license:

ALTO VINEYARDS LTD.

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

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

N/A

Give first date qualified to do business in Illinois: 04-11-88

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

ROUTE #1 BOX 51
ALTA PASS IL 62905

5. Objects of Corporation, as set forth in charter: RETAIL/WHOLESALE WINE SALES

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

Name of Officer: ADELLE KENAGLIA Title: SECRETARY
Date elected or appointed: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: LATONIA SASKATCHEWAN, CANADA
Citizenship: YES
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

375 C.R. 2425 N.
WIAHOMET IL. 61833

Business, occupation, or employment for four (4) years preceding date of application for this license:

UNIVERSITY OF ILLINOIS

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

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

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

Notary Public

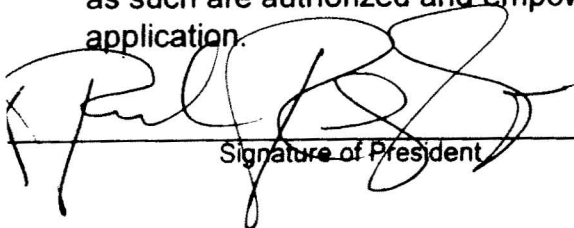
AFFIDAVIT

(Complete when applicant is a Corporation)


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

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

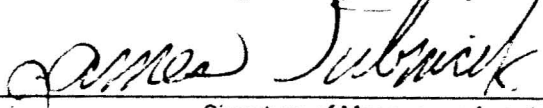
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.



Signature of President



Signature of Secretary



Signature of Manager or Agent

Subscribed and sworn to before me this 24th day of November, 2008.



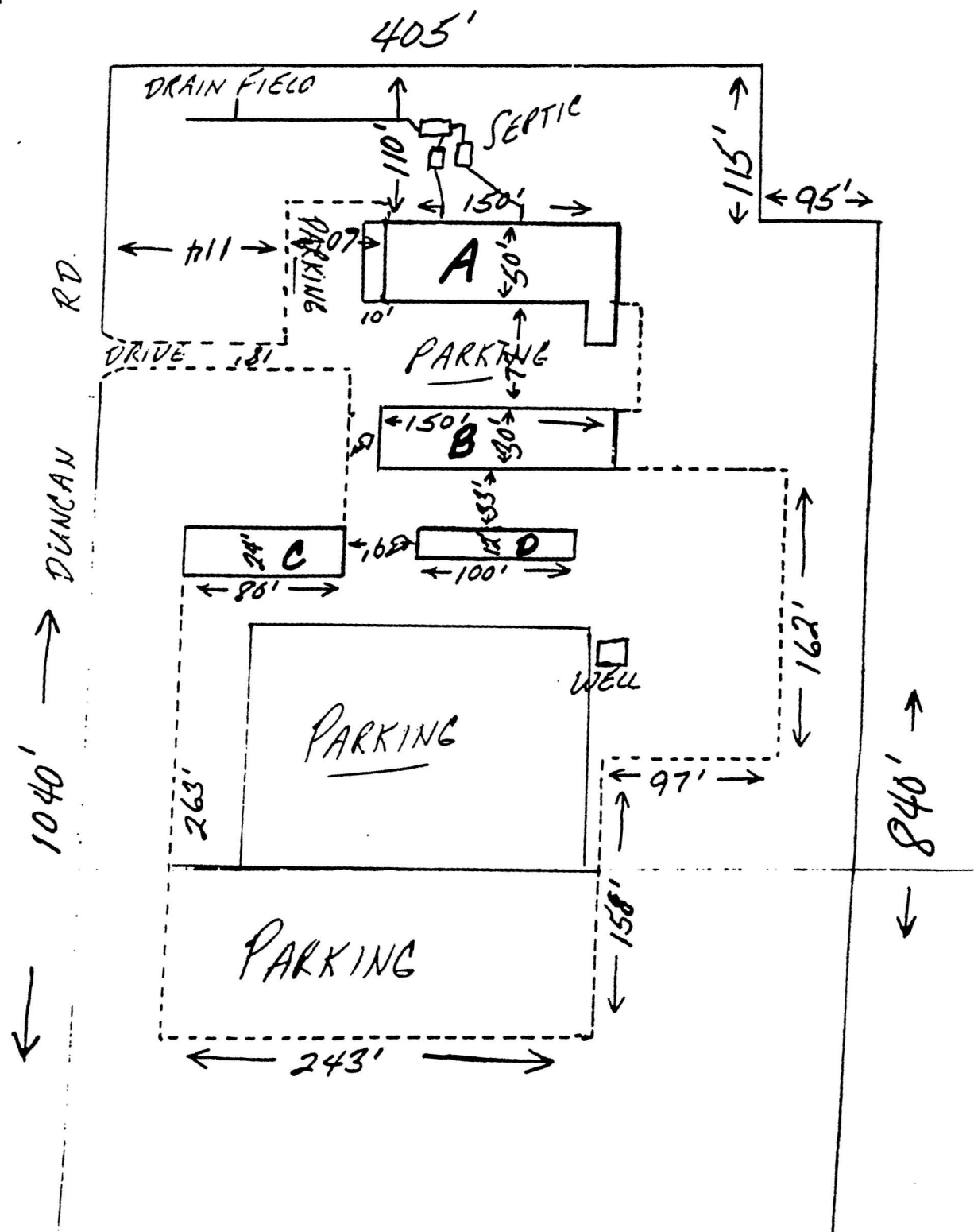


Notary Public

This COMPLETED application along with made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St

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

- A - RETAIL SHOP / STORAGE
- B - RETAIL SALES / STORAGE
- C - GAZEBO (STAGE)
- D - GREENHOUSE (NOT USED)





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

FOR ELUC USE ONLY

County Clerk's Office

- 1. Proper Application Date Received: 12-2-08
- 2. Fee Amount Received: 104.⁰⁰

Sheriff's Department

- 1. Police Record Approval: + Date: 12/9/08
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: Clerk, J. Ugg

Planning & Zoning Department

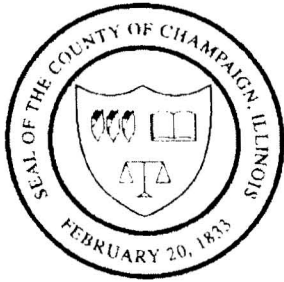
- 1. Proper Zoning Approval: ✓ Date: 12/10/08
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-4 DISTRICT W/ CONDITIONS APPEARS TO CONFORM TO CONDITIONS Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

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

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-03
\$100.00

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, 2009 through December 31, 2009 . This License expires the 1st day of January 2010 at 12:01am.

Witness my Hand and Seal this 19th day of, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

FILED

2009-25 7008

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)

For Office Use Only

License No. 2009-ENT-03
Date(s) of Event(s) YEARLY
Business Name: CURTIS ORCHARD LTD.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: MMS

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: Curtis Orchard Ltd.
2. Location of Business for which application is made: 3902 S. Duncan Rd., Champaign, IL 61822
3. Business address of Business for which application is made: 3902 S. Duncan Rd, Champaign, IL 61822
4. Zoning Classification of Property: A-2 w/ Major Rural Specialty Business Special Use
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 & Vegetables
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): live musical performances
8. Term for which License is sought (specifically beginning & ending dates): 7/20/09 - 12/23/09
(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: _____
11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

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

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

Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, **place and date** of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Citizenship: _____
If naturalized, state **place and date** of naturalization: _____
2. Residential Addresses for the past three (3) years: _____

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

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

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

1. Name of Corporation exactly as shown in articles of incorporation and as registered:
Curtis Orchard Ltd.
2. Date of Incorporation: 2-25-199 State wherein incorporated: Illinois

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

Give first date qualified to do business in Illinois: 1-1-1977

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

3902 S. Duncan Rd, Champaign, IL 61822

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

Agricultural and all other lawful businesses for which a business may be incorporated.

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

Name of Officer: Paul Curtis Title: President

Date elected or appointed: 2-25-1993 Social Security No.: _____

Date of Birth: _____ Place of Birth: Urbana, IL

Citizenship: U.S.A.

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 3902 S. Duncan Rd,
Champaign, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

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

Give first date qualified to do business in Illinois: 1-1-1977

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

3902 S. Duncan Rd, Champaign, IL 61822

5. Objects of Corporation, as set forth in charter: Agricultural and all other lawful businesses for which a business may be incorporated.

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

Name of Officer: Joyce Curtis Title: Treasurer
Date elected or appointed: 2-25-93 Social Security No.: _____
Date of Birth: _____ Place of Birth: Marshfield, Wisc.
Citizenship: U.S.A.
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

3902 S. DUNCAN Rd
Champaign, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

Recreation & Entertainment License Application
Page Three

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

Give first date qualified to do business in Illinois: 1-1-1977

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

3902 S. Duncan Rd, Champaign, IL 61822

5. Objects of Corporation, as set forth in charter: Agricultural and all other lawful businesses for which a business may be incorporated.

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

Name of Officer: Randall Graham Title: Vice President

Date elected or appointed: 2-25-1993 Social Security No.: _____

Date of Birth: _____ Place of Birth: Danville, Illinois

Citizenship: USA

If naturalized, **place and date** of naturalization: _____

Residential Addresses for past three (3) years: 3812 S. Duncan Rd.
Champaign, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

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

Give first date qualified to do business in Illinois: 1-1-1977

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

3902 S. Duncan Rd, Champaign, IL 61822

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

Agricultural and all other lawful businesses for which a business may be incorporated.

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

Name of Officer: Debra Graham Title: Secretary

Date elected or appointed: 2-25-1993 Social Security No.: _____

Date of Birth: _____ Place of Birth: Urbana, Illinois

Citizenship: USA

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 3812 S. Duncan Rd,
Champaign, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: owner, Curtis Orchard

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

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

AFFIDAVIT

(Complete when applicant is a Corporation)

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

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

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

Paul E. Leuter

Signature of President

Derek Lusk

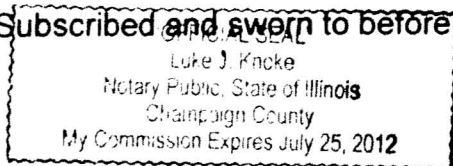
Signature of Secretary

Paul E. Leuter

Signature of Manager or Agent

Signature of Manager or Agent

Subscribed and sworn to before me this 25th day of November, 2008.



Luke J. Knoke

Notary Public

This **COMPLETED** application along with the amount made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St., Urb...

ite amount of cash, or certified check
16 LERK, must be turned in to the Champaign



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

FOR ELUC USE ONLY

County Clerk's Office

- 1. Proper Application Date Received: 11-25-08
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: *TV542* Date: 12/5/09
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: *[Signature]*

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/10/08
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: AG-2 DISTRICT w/ SUP. Signature: *[Signature]* ZONING ADMINISTRATOR
Operations must conform to special conditions regarding hours of operation and noise level as required in zoning case 350-5-02

Environment & Land Use Committee

- 1. Application Complete Approval: _____ Date: _____
- 2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-10
\$100.00

Uncle Buck's Sports Bar Inc.

License is hereby granted to Teresa L. Eichelberger of 2006 Middletown Rd, Mahomet, IL to provide Recreation/Entertainment at 215 L. O. W. Rd, Mahomet, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day of January, 2010 at 12:01am.

Witness my Hand and Seal this 19th day of December, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

FILED

DEC 03 2008

Mark Shelden
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)

For Office Use Only

License No. 2009-ENT-10
Date(s) of Event(s) YEARLY
Business Name: UNCLE BUCK'S SPORTS BAR 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:

- A.
1. Name of Business: Uncle Buck's Sports Bar, Inc.
 2. Location of Business for which application is made: 215 S. Lake of the Woods Rd. Mahomet, IL 61853
 3. Business address of Business for which application is made: SAME
 4. Zoning Classification of Property: Commercial
 5. Date the Business covered by Ordinance No. 55 began at this location: _____
 6. Nature of Business normally conducted at this location: BAR, Sell of Alcohol AND ENTERTAINMENT
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ, KARAOKE, BANDS
 8. Term for which License is sought (specifically beginning & ending dates): _____
JAN 1ST 2009 - DEC 31ST 2009
- (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 TRUST, 602 N. COUNTRY FAIR DR., CHAMPAIGN, IL 61820; 1/1/2016
 11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

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

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

Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, **place** and **date** of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): TERESA L. Eichelberger
Date of Birth: _____ Place of Birth: Gibson City, IL
Social Security Number: _____ Citizenship: U.S.
If naturalized, state **place** and **date** of naturalization: _____
2. Residential Addresses for the past three (3) years: 302 S. Lincoln, MAHOMET, IL;
2006 MIDDLETOWN DR, MAHOMET, IL
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: BAR + GRILL

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

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

1. Name of Corporation exactly as shown in articles of incorporation and as registered: Uncle Bucks Sports BAR, Inc.
2. Date of Incorporation: 5/20/1992 State wherein incorporated: Illinois

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

N/A

Give first date qualified to do business in Illinois: _____

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

215 S. Lake of the Woods Rd
MAHOMET, IL 61853

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

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

Name of Officer: TERESA L. Eichelberger Title: PRESIDENT

Date elected or appointed: 5/31/07 Social Security No.: _____

Date of Birth: _____ Place of Birth: GIBSON CITY, IL

Citizenship: U.S.

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

SAME AS # C-2

Business, occupation, or employment for four (4) years preceding date of application for this license: SAME AS C-3

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

on file

AFFIDAVIT

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

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

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

Notary Public

AFFIDAVIT

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

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

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

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

Teresa A. Echelleger

Signature of President

Teresa A. Echelleger

Signature of Secretary

Teresa A. Echelleger

Signature of Manager or Agent

Subscribed and sworn to before me this 2nd day of December, 2008.



Matt Tanner

Notary Public

This **COMPLETED** application along with the amount made payable to MARK SHELDEN, CHAMPAIGN (County Clerk's Office, 1776 E. Washington St., Urb

ite amount of cash, or certified check
;LERK, must be turned in to the Champaign
\$1800. A \$4.00 Filing Fee should be included.



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

FOR ELUC USE ONLY

County Clerk's Office

- 1. Proper Application Date Received: 12-3-08
- 2. Fee Amount Received: 104.⁰⁰

Sheriff's Department

- 1. Police Record Approval: X Date: 12/9/08
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT J Vogel

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/10/08
- 2. Restrictions or Violations Disapproval: _____ Date: _____

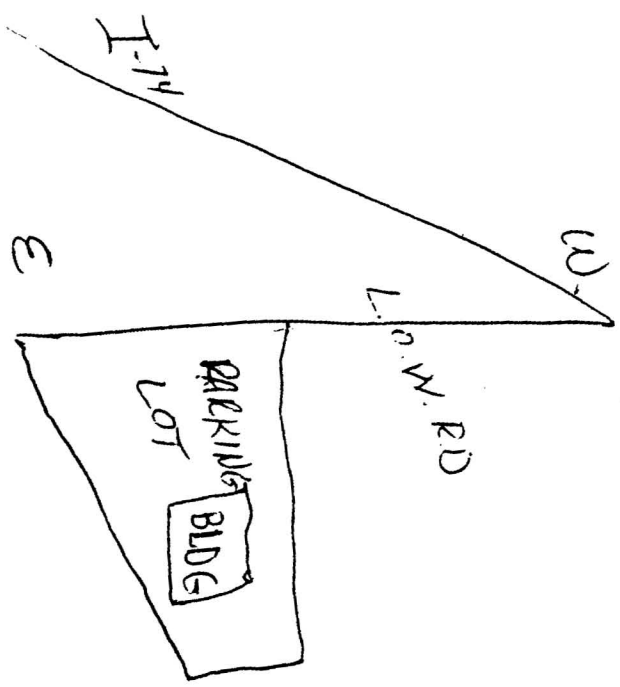
Remarks: CR DISTRICT -
NONCONFORMING USE OF RECORD Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

- 1. Application Complete Approval: _____ Date: _____
- 2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-01
\$100.00

Shirley's Oasis

License is hereby granted to Shirley A. LaBounty of 206 E. Plumb, Gifford, IL to provide Recreation/Entertainment at 2705 County Rd 3000 N, Penfield, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day of January 2010 at 12:01am.

Witness my Hand and Seal this 19th day of December, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

FILED

NOV 20 2008

For Office Use Only

License No. 2009-ENT-01

Date(s) of Event(s) YEARLY

CHAMPAIGN COUNTY CLERK Mark Shelden
Business Name: SHIRLEY'S OASIS

License Fee: \$ 100.00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 104.00

Checker's Signature: ms

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)

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: Shirley's Oasis
 2. Location of Business for which application is made: 2705 CR 3000N
Penfield, IL 61862
 3. Business address of Business for which application is made: Same as above
 - 4. Zoning Classification of Property: _____
 - *5. Date the Business covered by Ordinance No. 55 began at this location: Jan. 7, 2007
 6. Nature of Business normally conducted at this location: restaurant & bar
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): Food & Spirits, Karaoke, bands, jukebox amusement machines
 8. Term for which License is sought (specifically beginning & ending dates): Jan. 1, 2009 - Dec. 31, 2009
(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 St. Texarkana, AR 71854
 11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.
N/A

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

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

Name: N/A Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, **place** and **date** of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): Shirley Ann LeBounty
Maiden name: Carpenter
Date of Birth: _____ Place of Birth: Mary Hospital, Urbana, IL
Social Security Number: _____ Citizenship: U.S. Citizen
If naturalized, state **place** and **date** of naturalization: _____
2. Residential Addresses for the past three (3) years: 206 E. Plumb St
Gifford, IL 61847
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Self-employed lawn mowing business

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

- D. Answer **only** if applicant is a Corporation: N/A
1. Name of Corporation exactly as shown in articles of incorporation and as registered:
N/A
2. Date of Incorporation: _____ State wherein incorporated: _____

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

Give first date qualified to do business in Illinois: _____

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

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

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

Name of Officer: _____ Title: _____

Date elected or appointed: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

If naturalized, **place** and **date** of naturalization: _____

Residential Addresses for past three (3) years: _____

Business, occupation, or employment for four (4) years preceding date of application for this license: _____

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

On File

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.

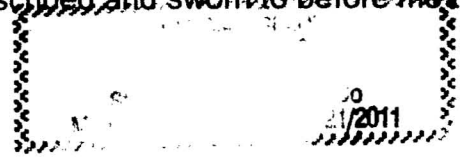
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

[Signature]
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 20th day of November, 2008.



Jackie M. Harris
Notary Public

AFFIDAVIT

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

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

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

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

Signature of President

Signature of Secretary

Signature of Manager or Agent

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

Notary Public

The Oasis of Penfield, Inc.

February 20





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

FOR ELUC USE ONLY

County Clerk's Office

- 1. Proper Application Date Received: 12-2-08
- 2. Fee Amount Received: 104.⁰⁰

Sheriff's Department

- 1. Police Record Approval: ✓ Date: 12/9/08
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT J DOUG

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/10/08
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-3 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

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

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-12
\$100.00

Lake of the Woods Bar and Grill

License is hereby granted to Gary and Mildred Zindars of 2102 Fogel Rd, Mahomet, IL to provide Recreation/Entertainment at 204 S. Prairieview Rd, Mahomet, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day of January 2010 at 12:01am.

Witness my Hand and Seal this 19th day of December, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

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

For Office Use Only

License No. 2009-ENT12
Date(s) of Event(s) YEARLY
Business Name: LAKE OF THE WOODS BAR AND GRILL
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: MS 2/18

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: Lake of the Woods Bar + Liquors, Inc.
2. Location of Business for which application is made: 2045 Prairie View Road, Mahomet # IL 61853
3. Business address of Business for which application is made: Same
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 Liquor Store + Bar
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J., Karaoke, small bands
8. Term for which License is sought (specifically beginning & ending dates): Jan 1 thru Dec 31, 2009
(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: PARKHILL ENTERPRISES 1800 WOODFIELD DR, SAVOY IL 61874
11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various purposes and parking spaces. See page 3, Item 7.

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

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

Name: Brenda Kerns Date of Birth: _____
Place of Birth: Champaign, IL Social Security No.: _____
Residence Address: 501 W Main, Mahomet, IL 61853
Citizenship: U.S. If naturalized, **place and date** of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): Garry + Mildred ZINDARS
Date of Birth: _____ Place of Birth: Champaign County
Social Security Number: _____ Citizenship: yes
If naturalized, state **place and date** of naturalization: _____
2. Residential Addresses for the past three (3) years: 2102 Fogel Road Mahomet, IL 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: LAKE OF THE WOODS Bar + LIQUORS, INC. Garry + Mildred Zindars

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

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

1. Name of Corporation exactly as shown in articles of incorporation and as registered: LAKE OF THE WOODS Bar + LIQUORS, INC.
2. Date of Incorporation: 1/29/82 State wherein incorporated: Illinois

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

N/A

Give first date qualified to do business in Illinois: N/A

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

204 S Prairie View Road
Mahomet IL 61853

5. Objects of Corporation, as set forth in charter: Package liquor + bar

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

Name of Officer: Gary Zindars Title: President
Date elected or appointed: 1/29/82 Social Security No.: _____
Date of Birth: _____ Place of Birth: Champaign
Citizenship: U.S.
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 2102 Fogel Road, Mahomet

Business, occupation, or employment for four (4) years preceding date of application for this license: LAKE OF THE WOODS BAR + LAUNDRY, INC.
UNITED RENTALS

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

See attached

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

AFFIDAVIT

(Complete when applicant is a Corporation)

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

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

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

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 25th day of November, 2008.



Notary Public

Application along with the appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St. Urb

CLERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St. Urbana, IL 61802. A \$4.00 Filing Fee should be included



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

FOR ELUC USE ONLY

County Clerk's Office

- 1. Proper Application Date Received: 12-2-08
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: K Date: 12/9/08
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT. J. VOGAN

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/10/08
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-3 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

- 1. Application Complete Approval: _____ Date: _____
- 2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____

File Number 5263-372-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LAKE-OF-THE-WOODS BAR & LIQUORS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of MAY A.D. 2008



Authentication #: 0614801374

Authenticate at: <http://www.cyberdriveillinois.com>

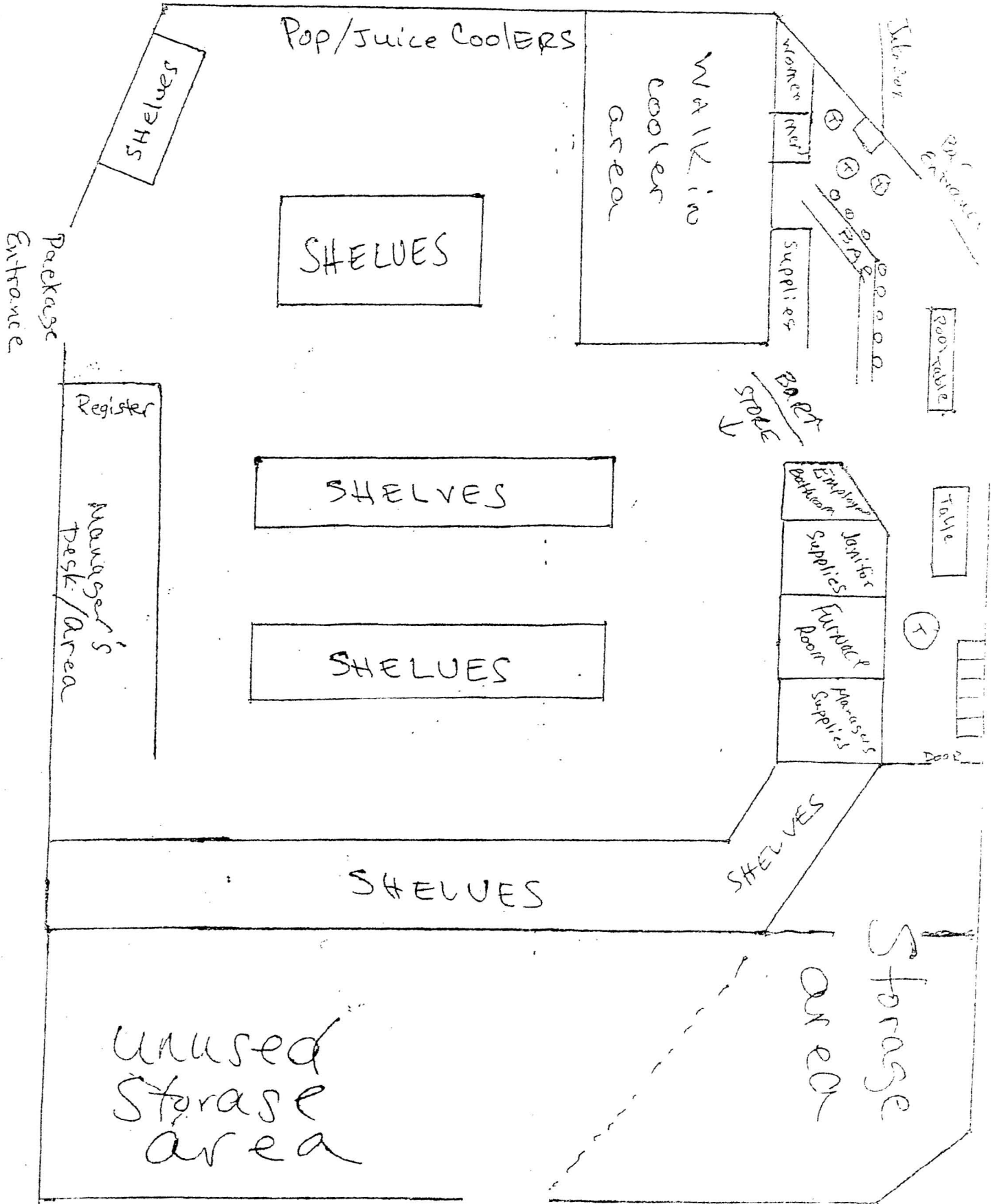
Jesse White

SECRETARY OF STATE

Parking Lot

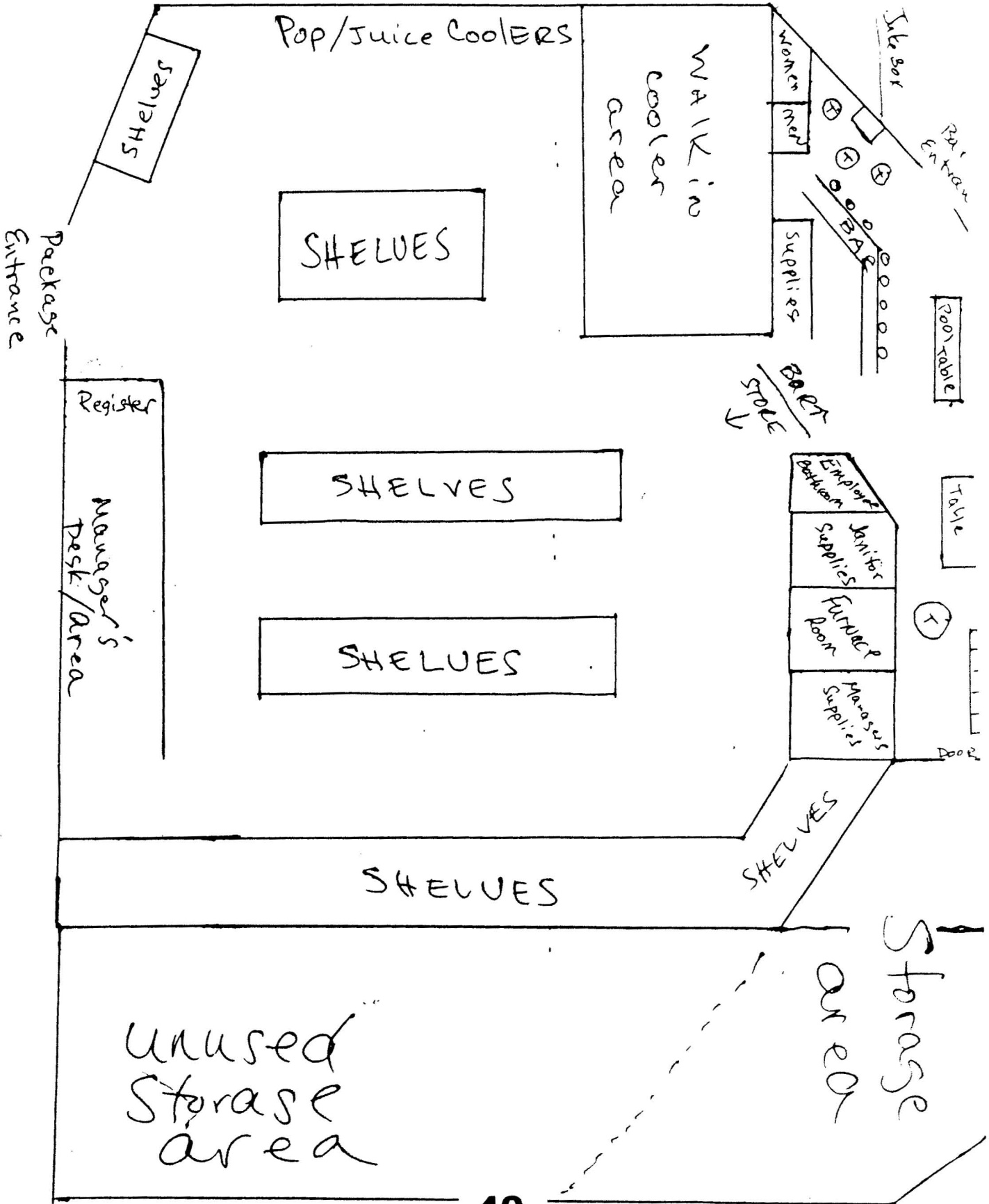
2004

Take off the Woods on 311

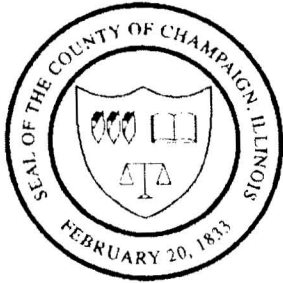


Parking Lot

April 2004



back of the Woods Bar & Liquor, Inc.



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-06
\$100.00

ROCK THE SHED INC.

License is hereby granted to Steve Willard of 552 County Rd 2425 N, Dewey, IL to provide Recreation/Entertainment at 552 County Rd 2425 N, Dewey, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day of January ,2010 at 12:01am.

Witness my Hand and Seal this 19th day of December, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

FILED

For Office Use Only

NOV 25 2006
CHAMPAIGN COUNTY CLERK

License No. 2009-ENT-06
Date(s) of Event(s) YEARLY
Business Name: ROCK THE SHED INC.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: ms

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)

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: Rock the Shed, Inc.
 2. Location of Business for which application is made: 2432 CR 550E
552 CR 2425N, Dewey, IL 61840
 3. Business address of Business for which application is made:
552 CR 2425N, Dewey, IL 61840
 4. Zoning Classification of Property: conservation recreation
 5. Date the Business covered by Ordinance No. 55 began at this location: 3/4/05
 6. Nature of Business normally conducted at this location: all age music venue
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): music
 8. Term for which License is sought (specifically beginning & ending dates):
1/1/09 through 12/31/09
(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: 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 purposes and parking spaces. See page 3, Item 7.

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

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

Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, **place** and **date** of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Citizenship: _____
If naturalized, state **place** and **date** of naturalization: _____
2. Residential Addresses for the past three (3) years: _____

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

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

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

1. Name of Corporation exactly as shown in articles of incorporation and as registered:
Rock the Sped, Inc.
2. Date of Incorporation: 3/4/05 wherein incorporated: Illinois

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

Give first date qualified to do business in Illinois: _____

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

552 CR 2425N, Dewey, IL 61840

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

provide safe recreational outlet for teens, teach respect and abstinence from drugs and alcohol, mentoring

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

Name of Officer: Steve Willard Title: President

Date elected or appointed: 3/4/05 Social Security No.: _____

Date of Birth: _____ Place of Birth: Champaign, IL

Citizenship: U.S.

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

552 CR 2425N, Dewey, IL 61840

Business, occupation, or employment for four (4) years preceding date of application for this license: Laborer at University of Illinois, Urbana - Champaign

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

6* Sherry Newton Secretary
appointed 3/4/05
D.O.B. SS#
citizenship US POB: India
Naturalized 1996 Danville Illinois
Address: 1306 Kimela Mahomet IL 61853
President/AG Ryle Companies

Micah Boyce, Vice Pres.
appointed 3/4/05
DOB SS#
citizenship US
Place of birth: Urbana, IL
Address: 202 W. Kadin
Cissna Park, IL 60924
employment: musician

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

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

Notary Public

AFFIDAVIT

(Complete when applicant is a Corporation)

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

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

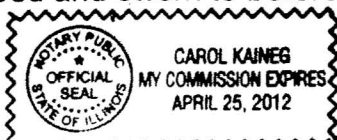
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Steven W. Wilford
Signature of President

Sherry S. Nash
Signature of Secretary

Signature of Manager or Agent

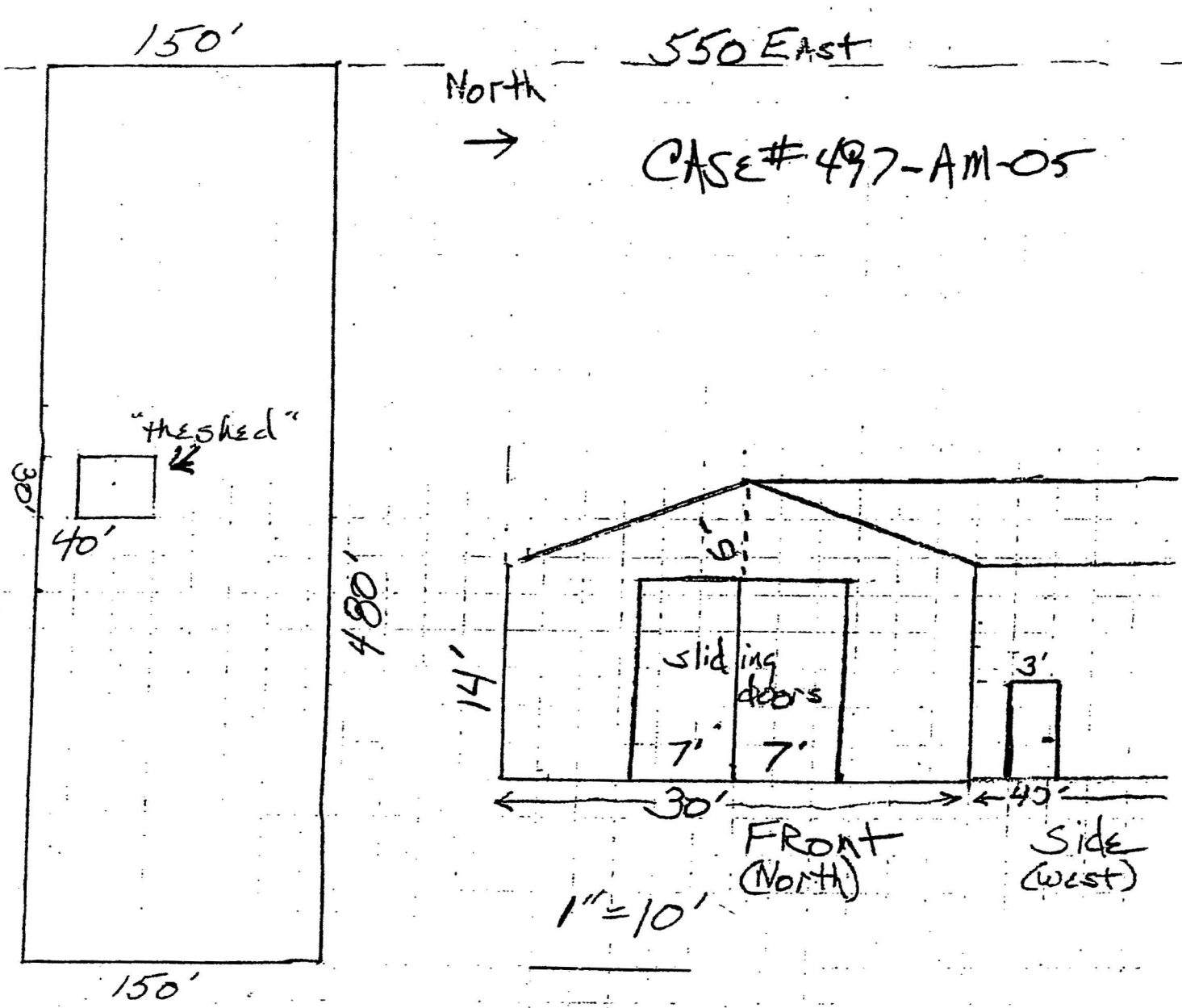
Subscribed and sworn to before me this 24th day of November, 2008.



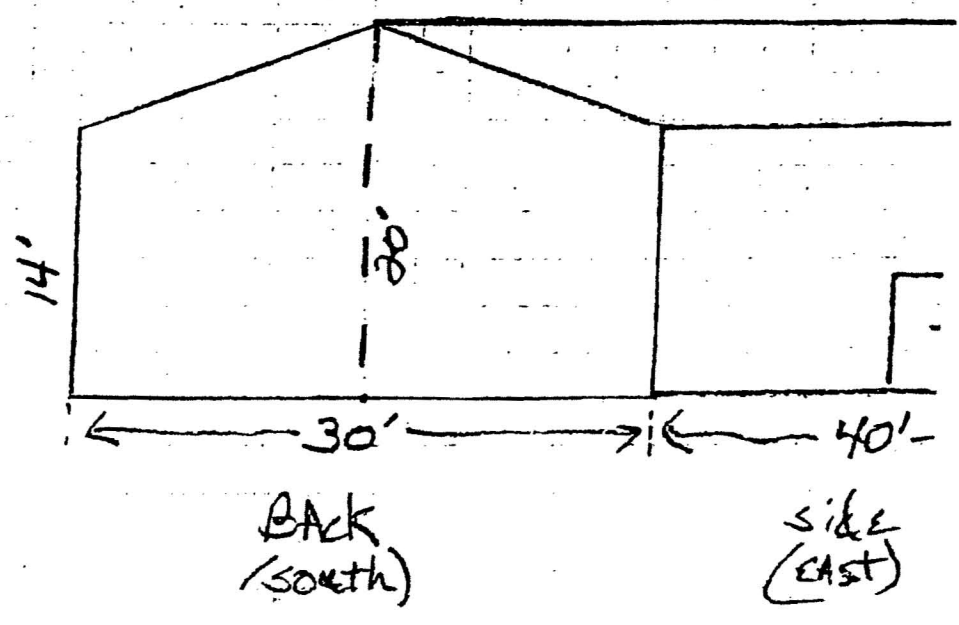
Carol Kaineg
Notary Public

This **COMPLETED** application along with the amount made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St., Urbana

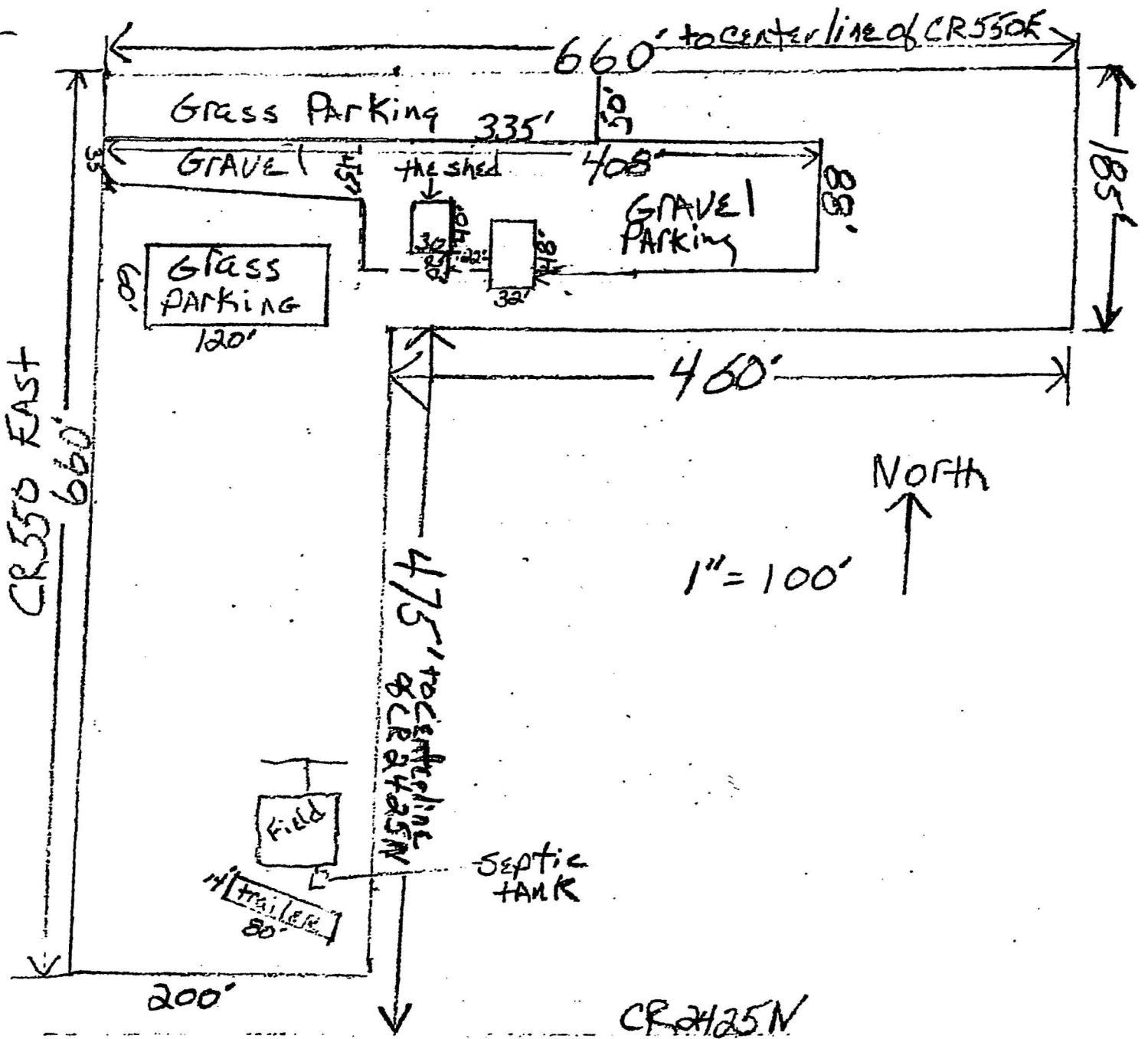
ite amount of cash, or certified check
LERK, must be turned in to the Champaign



1" = 80'



CASE# 497-AM-05



CASE#497-AM-05

10.00

10.00

6

-009

29.00

(Blue)

Reel parking for 6 vehicles

(Red)

armos park for 40 vehicles

004

10.00

1003
1000
1004

400

326

302

302

409.77

001

-002

-003

FARMS
-004

430



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

FOR ELUC USE ONLY

County Clerk's Office

1. Proper Application Date Received: 11-25-09
2. Fee Amount Received: 104.00 ck

Sheriff's Department

1. Police Record Approval: (V5UC) Date: 12/5/08
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: J Dogan

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 12/10/08
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: CR DISTRICT Signature: [Signature] ZONING ADMINISTRATOR
Use must conform to a Temporary Use Permit which is limited to no more than
5 performances w: in any 3 month period and other zoning requirements

Environment & Land Use Committee

1. Application Complete Approval: _____ Date: _____
2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2009-ENT-07
\$100.00

Tincup RV Park Inc.

License is hereby granted to Gary Robinson of 218 S. Lake of the Woods Rd, Mahomet, IL to provide Recreation/Entertainment at 1715 E. Tincup Rd, Mahomet, IL in Champaign County from January 1, 2009 through December 31, 2009 . This License expires the 1st day of January 2010 at 12:01am.

Witness my Hand and Seal this 19th day of, A.D. 2008.

Chairman, Champaign County License Commission

Mark Shelden, Champaign County Clerk



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

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

For Office Use Only

License No. 2009-ENT-07
Date(s) of Event(s) YEARLY
Business Name: TINCUP RV PARK INC.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: _____

FILED

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

NOV 24 2008

Mark Shelden
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:

- A. 1. Name of Business: TINCUP RV PARK, INC.
2. Location of Business for which application is made: 1715 E. Tincup Rd
Mahomet, Illinois 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;
small area to north of Village of Mahomet - L2 Commercial
5. 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, 2009 - December 31, 2009

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

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

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

Name: Gary Robinson Date of Birth: _____
Place of Birth: Marion, North Carolina Social Security No.: _____
Residence Address: 2070 Co. Rd. 125 E Mahomet, IL. 61853
Citizenship: USA If naturalized, place and date of naturalization: _____

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

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

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

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

- C. 1. Name(s) of owner(s) or local manager(s) (include any aliases): _____
Gary Robinson Ronda Robinson
Date of Birth: _____ Place of Birth: Marion, North Carolina, New Ulm, MN
Social Security Number: _____ Citizenship: USA
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: _____
218 S. Lake of the Woods Rd
Mahomet, IL. 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: R & S Sales & Service
Mahomet, IL. 61853

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

D. Answer only if applicant is a Corporation:

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

Recreation & Entertainment License Application
Page Three

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

NA

Give first date qualified to do business in Illinois: _____

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

1715 E. Tincup Rd

Mahomet, IL. 61853

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

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

Name of Officer: Gary Robinson Title: president

Date elected or appointed: 11/15/99 Social Security No.: _____

Date of Birth: _____ Place of Birth: Marion, NC

Citizenship: USA

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

218 S. Lake of the Woods Rd

Mahomet, IL. 61853

Business, occupation, or employment for four (4) years preceding date of application for this license: owner R & S Sales & Service

Mahomet, IL. 61853

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

on file from past years

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

Signature of Owner or of one of two members of Partnership

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

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

Notary Public

AFFIDAVIT

(Complete when applicant is a Corporation)

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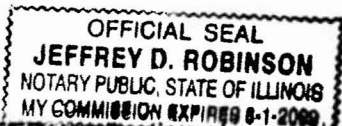
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 24 day of November, 2008.



Notary Public

This COMPLETED application along with the amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St. Ill

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



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

FOR ELUC USE ONLY

County Clerk's Office

1. Proper Application Date Received: 11-24-08
2. Fee Amount Received: \$104.⁰⁰

Sheriff's Department

1. Police Record Approval: VS42 Date: 12/5/08
2. Credit Check Disapproval: _____ Date: _____
- Remarks: _____ Signature: J. Noop

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 12/10/08
2. Restrictions or Violations Disapproval: _____ Date: _____
- Remarks: B-3 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

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

Remarks and/or Conditions: _____

SPECIAL MEETING ADDENDUM to AGENDA

Champaign County Environment & Land Use Committee

Members:

*Carol Ammons, Jan Anderson, Chris Doenitz
Brad Jones, Alan Kurtz (VC), Ralph Langenheim,
Steve Moser, Jon Schroeder, Barbara Wysocki (C)*

Date: *December 18, 2008*

Time: *6:15 p.m.*

Place: *Jennifer Putman Meeting Room
(Meeting Room 2)
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. Public Participation**
- 4. Hotel/Motel License: Motel 6, 1906 N. Cunningham Av, Urbana, IL.
January 01, 2009 through December 31, 2009.**
- 5. Recreation and Entertainment License: Elmer's Club 45, Inc. d.b.a. Club 45
Banquet Hall, 3515 N. Cunningham Av, Urbana, IL. January 01, 2009
through December 31, 2009.**
- 6. Recreation and Entertainment License: Hideaway of the Woods Bar & Grill,
809 S. Prairieview Rd, Mahomet, IL. January 01, 2009 through December 31,
2009.**
- 7. Recreation and Entertainment License: Honeybee Productions, Inc, d.b.a.
Malibu Bay Lounge, 3105 N. Cunningham Av, Urbana, IL. January 01, 2009
through December 31, 2009.**
- 8. Recreation and Entertainment License: Last Call for Alcohol, Inc, 105 Main
St. Penfield, IL. January 01, 2009 through December 31, 2009.**
- 9. Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. Pink
House, 2698 CR 1600N, Ogden, IL. January 01, 2009 through December 31,
2009**
- 10. Other Business**
- 12. Adjournment**

