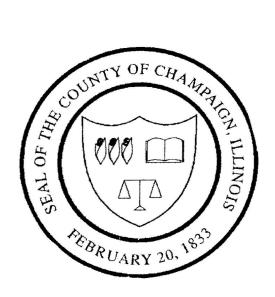
Environment & Land Use Committee Special Meeting Agenda

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

Time: 6:15 p.m.

Date:

Members: Place: Jennifer Putman Meeting Room

(Meeting Room 2)

Brookens Administrative Center

December 18, 2008

1776 E. Washington St.

Urbana, Illinois

Phone: (217) 384-3708

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

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, II. 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
 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, Penfield, IL. January 01, 2009 through December 31, 2009.
- 8. Recreation and Entertainment License: Lake of the Woods Bar and Grill, 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

1



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	
_	

Filing Fees:

Per Year (or fraction thereof):

\$ 100.00

NOV 2 5 2008

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

4.00

10.00

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:

		Name of Business: Acto UNEYARDS CHAMPAIGN
A.	1.	Name of Business: MCTO WEGARDS CHAMITAIGN
	2.	Location of Business for which application is made: NORTH of KC- 150
		ON DEINGAN KO
	3.	Business address of Business for which application is made:
		4210 N. VUNCHA RO. CHARVAIEN IL. 61822
	4.	Zoning Classification of Property: 6-2
	5.	Date the Business covered by Ordinance No. 55 began at this location: _//-oi
	6.	Nature of Business normally conducted at this location: KETAIL WINT
		AND GIFT SALES
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment
		to be provided): SMALC BAND COXLERTS VILLY-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? 465
	10.	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:
		when the least of remaining some or proof.
	11.	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.
		DUIDUSES AND DAINING SUACES. SEE DAGE S. ICHI / .

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

lf, di	enship: If naturalized, place and date of naturalization: uring the license period, a new manager or agent is hired to conduct this business, the licent MUST furnish the County the above information for the new manager or agent within
	10) days.
a a	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:
	Social Security Number: Citizenship:C
_	If naturalized, state place and date of naturalization:
2.	Residential Addresses for the past three (3) years:
	MAHOMET IL 61853
3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license:

	Give first date qualified to do business in Illinois:
	Business address of Corporation in Illinois as stated in Certificate of Incorporation:
	ROUTE #1 BOX 51 ALTO PLOS, IL. 62905
	Objects of Corporation, as set forth in charter: RETAIL WHOLESALE WINE S
	Names of all Officers of the Corporation and other information as-listed:
	Name of Officer: VALL KENTALLIA Title: VLESIDENT
	Date elected or appointed: Date of Birth: Citizenship: Social Security No.: Place of Birth: Place of Birth:
i	Date of Birth: Place of Birth: MINNEASOLIS, MINN.
	Citizenship: 1185
	If naturalized, place and date of naturalization:
	Residential Addresses for past three (3) years:
	87 HAKRIS CAUC
	ACTO PROS, IL 62905
	Business, occupation, or employment for four (4) years preceding date of application fo
	this license: HILTO CHEYKEST LTD.
	this license: ALTO UNEYARD LTO.

Give first of	ate qualified to d	to business in Illinois:	04-11-88
Business		ration in Illinois as sta	ated in Certificate of Incorporation:
A	TO PASS	Il 62905	
Objects of	Corporation, as	set forth in charter: <u>/</u>	PETAIL WHOLESALE WINE SAL
Names of	Ill Officers of the	Corporation and other	er information as-listed:Title:
Name of O	d or appointed:	(KCACAGCAG	Social Security No.
Date of Bir	h.	Place o	f Birth: CATENIA SASKATCHEWAN CAN
Citizenship	415		
If naturalize	d, place and da	ite of naturalization:	
Residentia	Addresses for p	past three (3) years:	
K	AHOMET.	IL. 61833	
Annual Allender Committee and the Committee of the Commit			years preceding date of application for
iiis iicerise	UNIVER	my st Ill	INOIS.
	Calla Lan	77 - 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

CLERK, 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.

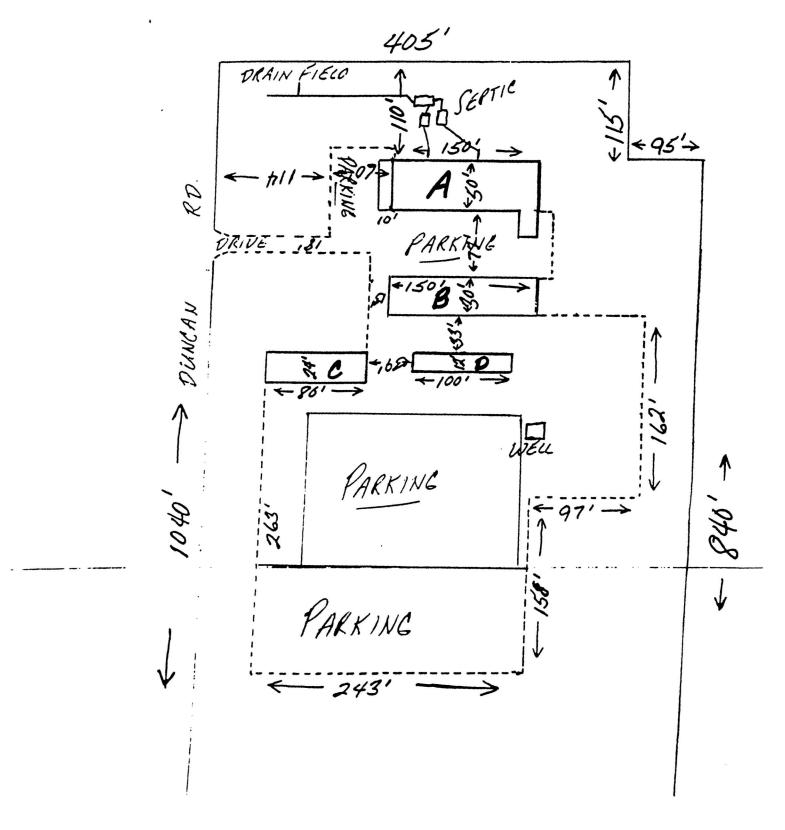
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

Signature of Owner or of one of two members of Partnership	Signature of Owner or of one of tw	o 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)	
We, the undersigned, president and set 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 coassuch are authorized and empowered to execute application.	d the foregoing application and on our personal knowledge and of Champaign to issue the licen not violate any of the laws of the nnces of the County of Champa onstituted and elected officers	that the matters stated information, and are se herein applied for se United States of ign in the conduct
Signature of President	_ QUMOD)	of Secretary Manager or Agent
Subscribed and sworm to before me this "OFFICIAL SEAL"	1 4 200	Counick
This COMPLETED application along with	iste amount of cash, or o	artitled chack

made payable to MARK SHELDEN, CHAMPAIC

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

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





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

FOR ELUC USE ONLY

County Clerk's Office

\boxtimes	1.	Proper Application	Date Received:	12-2	2-08	
X	2.	Fee	Amount Received:	104	1, 68	
لسكرا		Sheriff's	Department			
		-			,	,
	1.	Police Record	Approval:		Date: 12/9	७७
	2.	Credit Check	Disapproval:		Date:	
	Rem	arks:	Signature:	or. 11) or w	
				`	<u> </u>	
		Planning & Zo	ning Department	:		
V	1.	Proper Zoning	Approval:	V	_ Date: <u>12/10/</u>	08
	2.	Restrictions or Violations	Disapproval:	\sim	Date:	
	Rema	arks: B-4 DISTRICT W/CONDITIONS	Signature:	Hall	20NING ADMINIS	TRACE
	APPE	CARS TO CONFORM TO CONDITION	Ź	`		
		Environment & La	and Use Committ	<u>ee</u>		
	1.	Application Complete	Approval:		Date:	
	2.	Requirements Met	Disapproval:		Date:	
			Signature:			
						-
	Rema	arks 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 & Entertailment Meaner

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)

1 01	Office Ose Offig
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	:

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: (ortis 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 5. Duncan Rd, Champaign, IL. 61822
	4.	Zoning Classification of Property: At 2 w/ Major Rural Specially Boomes 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:
		Refail Fruits & Vegotables
	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

AND WILL BE RETURI PLICANT

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

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

B.	follov	s business will be conducted by a person other than the applicant, give the wing information about person employed by applicant as manager, agent or ly responsible party of the business in the designated location:
	Nam	e:Date of Birth:social Security No.:
	Place	e of Birth: Social Security No.:
	Resi	dence Address:
	Citiz	enship: 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):
		Date of Birth: Place of Birth: Citizenship: If naturalized, state place and date of naturalization:
		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:
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
).	Answ	er only if applicant is a Corporation:
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered:
	2.	Date of Incorporation: 2-25-199 ate wherein incorporated: Illinois

ivo mot dato qua	alified to do business in Illinois: $1 - l - 1977$
usiness address	of Corporation in Illinois as stated in Certificate of Incorporation:
3902 5	. Duncan Rd, Champaign, IL. 61822
	, 0
	ation, as set forth in charter: businesses for which a business incorporated.
bjects of Corpora	ation, as set forth in charter: businesses for which a busines.
ames of all Office	rers of the Corporation and other information as listed: Paul Confis Title: President Spointed: 2.25-1993 Social Security No.: Place of Birth: Urbana, IL S.A.
ame of Officer:	Paul Curtis Title: President
ate elected or ap	opointed: 2-25-1993 Social Security No.:
ate of Birth:	Place of Birth: Urbane IL
tizenship: U. S	S. A .
naturalized, plac	ce and date of naturalization:
asidantial Addres	sses for past three (3) years: 3902 5. Dunean Rd
// Address	Sees for past tillee (3) years. 3702 3. Noneun /ca
Champarg	19, IC, 61822
•	:
	tion, or employment for four (4) years preceding date of application for er, Curfix Orchand

Give first	date qualified to do business in Illinois: 1-1-1977
Business	address of Corporation in Illinois as stated in Certificate of Incorporation:
390	02 S. Duncan Rd, Champaign, IL. 61822
	, 0
	Agricultural and all other f Corporation, as set forth in charter: businesses for which a business in corporated.
Objects o	f Corporation, as set forth in charter: businesses for which a business
Namaa at	f all Officers of the Corporation and other information as listed:
Date elec	Officer: Jace Contis Title: Treasurer ted or appointed: 2-25-93 Social Security No.: Place of Birth: Marsh Creid, Wisc.
Date of B	Place of Birth: Marsh Good Wisc
Citizenshi	p: <u>U.S.A.</u>
f naturali:	p:
Residentia	al Addresses for past three (3) years:
	2 S. DUNCAN RA
	inperign, IL 61822
Business,	occupation, or employment for four (4) years preceding date of application for
hie licane	e: owner, Cortis Orchard

Give first	date qualified to do business in Illinois: $1-l-1977$
Business	address of Corporation in Illinois as stated in Certificate of Incorporation:
390	32 S. Duncan Rd, Champaign, IL. 61822
	, 0
Objects of	Agricultural and all other Corporation, as set forth in charter: businesses for which a busines incorporated.
Namos of	all Officers of the Corporation and other information as listed:
Name of C	Officer Day day (Carlos Title: 1/20 Described
Date elect	ed or appointed: 2 - 25 - 1993 Social Security No:
Date of Bi	red or appointed: 2-25-1993 Social Security No.: Place of Birth: Danvillo I/(nbis
Citizenshi	o: USA
f naturaliz	ed, place and date of naturalization:
Residentia	al Addresses for past three (3) years: 3812 5. Duncan Rd.
Cham	paign ,IL. 6182?
Business,	occupation, or employment for four (4) years preceding date of application for
nis license	: owner, (untis Orchard

Cive mat	date qualified to do business in Illinois: 1-1-1977
Business	address of Corporation in Illinois as stated in Certificate of Incorporation:
	32 S. Duncan Rd, Champaign, IL. 61822
Objects o	f Corporation, as set forth in charter: businesses for which a business incorporated.
Names of	all Officers of the Corporation and other information as listed:
Name of (all Officers of the Corporation and other information as listed: Officer: Lewra Graham Title: Secretary ted or appointed: 2-25-1993 Social Security No.: rth: Place of Birth: Orbana, Illinois p: USA
Date elect	ted or appointed: 2-25-/993 Social Security No.:
Date of Bi	rth: Place of Birth: Orbana, Illinois
Citizenshi	p: USA
f naturaliz	red, place and date of naturalization:
Residentia Cham	paign, IL. 61822
	occupation, 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	, 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 Agen

Subscribed and swern to before me this 25

7 ovember

2008

Luke J. Knoke
Notary Public, State of Illinois

Champaign County

My Commission Expires July 25, 2012

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

This <u>COMPLETED</u> application along with the made payable to MARK SHELDEN, CHAMPAIGN (County Clerk's Office 1776 F. Washington St. Lish



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

FOR ELUC USE ONLY

		Count	y Clerk's Office
口	1.	Proper Application	Date Received: 11.25-08
\square	2.	Fee	Amount Received: 104.00
<u></u>		Sheriff's	<u>Department</u>
	1.	Police Record	Approval: 11/54 Date: 12/5/09
	2.	Credit Check	Disapproval: Date:
	Rem	narks:	Signature: 100 Signature:
/		Planning & Zo	oning Department
V	1.	Proper Zoning	Approval: Date: 12/10/08
	2.	Restrictions or Violations	Disapproval:Date:
	Rem	arks: AG-2 DISTRICT W/GUP	Signature: 20 Au 20 NING ACMINISTRATOR
		ations must conform to april	al conditions regarding hours of operation and
	10017	CINCI AS PAINTED IN TOTAL	
		Environment & L	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, 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

DEC 0 3 2008

FILED

Application for:

Recreation & Entertainment joense MPAIGN 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 On	ly		
License No.	2009	-ENT-10			
Date(s) of Event((s)	YEARLY			
Business Name: _	UNCLE	BUCK'S	SPORTS	BAR	IN
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:

Α.	1	Name of Business: Uncle Buck's Sports Bar, Inc.
,	2.	Location of Business for which application is made: 215 5 Lake of the
		Woods Rd. Mahomet, IL 6/853
	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 ENTERIAMENT
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ, KALAUKE, BANDS
	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?O
	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 **DAPPLICANT** AND WILL BE RETU

19

Nan	Date of Birth:
Plac	ne: Date of Birth: Social Security No.:
Res	idence Address:
Citiz	idence Address: If naturalized, place and date of naturalization:
app	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): TERESA L. Eichelbe
	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, 2006 MIDDLETOWN DR , MAHOMET, IL
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.

lf	foreign Corporation, give name and address of resident agent in Illinois:
	N/A
G	ve first date qualified to do business in Illinois:
	usiness address of Corporation in Illinois as stated in Certificate of Incorporation:
:	215 S. Lake of the Woods Rd
	MAHOMET, IL 61853
OI	pjects of Corporation, as set forth in charter:
Na	ames of all Officers of the Corporation and other information as listed: ame of Officer: FRESA L. Eichelberger Title: President ate elected or appointed; 5/31/07 Social Security No.: ate of Birth: Place of Birth: Gibson City, IL atizenship: U.S.
Va	ime of Officer: FRESA L. LICHELINEVER Title: PRESIDENT
);	ite elected or appointed; 5 31 67 Social Security No.:
)a	te of Birth: Place of Birth: 610501C1+41_LL
ار • •	naturalized, place and date of naturalization:
1 1	laturalized, place and date of naturalization.
₹€	sidential Addresses for past three (3) years:
	sidential Addresses for past three (3) years: SAME AS # C-Q
	siness, occupation, or employment for four (4) years preceding date of application for
hi	slicense: SAME AS C-3
	ite plan (with dimensions) must accompany this application. It must show the location of all ldings, outdoor areas to be used for various purposes and parking spaces.
	a.a. (C.)
	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.

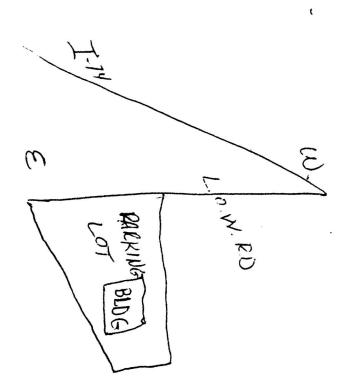
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

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
AFFI	DAVIT
(Complete when appl	icant 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 a America or of the State of Illinois or the Ordinal of applicant's place of business.	the foregoing application and that the matters stated in 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 inces 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 Secretary Signature of Secretary
	Signature of Manager or Agent
Subscribed and sworn to before me this	day of December, 2008
OFFICIAL SEAL MATT TANNER Notary Public, State of Illinois My Commission Expires 07-31-2012	Notary Public
This COMPLETED application along with the	ite amount of cash, or certified check
made payable to MARK SHELDEN, CHAMPAIGN (22 LERK, must be turned in to the Champaign



FOR ELUC USE ONLY

		Count	y Clerk's Office
\boxtimes	1.	Proper Application	Date Received: 12-3-08
X	2.	Fee	Amount Received: 104. °
		Sheriff's	<u>Department</u>
	1.	Police Record	Approval: Date:
	2.	Credit Check	Disapproval: Date:
	Ren	narks:	Signature: LART J Dogu
		Planning & Z	oning Department
	1.	Proper Zoning	Approval: Date:
	2.	Restrictions or Violations	Disapproval: Date:
		narks: <u>CR DISTRICT</u> - NCONFURMING USE OF PERUFD	Signature: ZONING AO MINISTPATOR
		Environment & L	and Use Committee
	1.	Application Complete	Approval: Date:
	2.	Requirements Met	Disapproval: Date:
			Signature:
	Rem	arks 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:

2003ense No.

For Office Use Only

2009-ENT-01

Date(s) of Event(s)

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)

Recreation & Entertainment Licensian Count & State Sta License Fee:

Filing Fee:

4.00

TOTAL FEE:

Checker's Signature:

Filing Fees:

11. N/A Per Year (or fraction thereof):

\$ 100.00

Per Single-day Event:

10.00

Clerk's Filing Fee:

4.00

Checks Must Be Made Payable To: Mark Shelden, Champaign County Clerk

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

		Name of Business: Shirley's Oasis
A.	1.	
	2.	Location of Business for which application is made: <u>A 705 CR 3000 N</u>
		Penfield, IL U1862
	3.	Business address of Business for which application is made: 3cme as above
	-4.	Zoning Classification of Property:
	4 5.	Date the Business covered by Ordinance No. 55 began at this location: Jon. 7, 2007
	6.	Nature of Business normally conducted at this location: restaraunt a bar
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment
		to be provided): Food 2 Sp. 1. ts, Karaske, bands, Juliubox amusement Machine Term for which License is sought (specifically beginning & ending dates):
	8.	Territor which Election is sought (speciment) beginning a criaing 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. Texackana, AR 71854

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 PE CONSIDERED FOR A LICENSE AND WILL BE RETUR! APPLICANT 26

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

Vam	ne:Date of Birth:	
Plac	ce of Birth: Social Security No.:	
Resi	sidence Address:	
Citiz	zenship: If naturalized, place and date of naturalization:	
appl	uring 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 w (10) days.	
#C	Information requested in the following questions must be supplied by the applicant, individual, or by all members who share in profits of a partnership, if the applicant is partnership.	
	If the applicant is a corporation, all the information required under Section D must supplied for the corporation and for each officer.	be
	Additional forms containing the questions may be obtained from the County Clerk, i necessary, for attachment to this application form.	250
l.	Name(s) of owner(s) or local manager(s) (include any aliases): Shirley Ann Maiclen name Carpenter Date of Birth: Place of Birth: Many Hospital, Library Social Security Number: Citizenship: L.S. Cit.Zen	LL.
2.	If naturalized, state place and date of naturalization: Residential Addresses for the past three (3) years: G: Hord IIL 61847	<u>;</u> +
.	Business, occupation, or employment of applicant for four (4) years preceding date application for this license: Self-employed Leun Mauring business.	
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FI	
nsw	ver only if applicant is a Corporation: N/A	

Give fir	st date qualified to do business in Illinois:
Busine	ss 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 o	of Officer: Title:
Date el	of Officer: Title:social Security No.:
Date of	Birth: Place of Birth:
Citizen	ship:alized, place and date of naturalization:
If natur	
Reside	ntial Addresses for past three (3) years:
1 (CSIGC	Mai / Idai occor for past all oc (e) years.
	s, occupation, or employment for four (4) years preceding date of application for se:

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 bereunder applied for

Maniess nereunder 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 methis	day of November, 2008.
AFFID (Complete when applic	
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 We further swear that the applicant will not America or of the State of Illinois or the Ordinand of applicant's place of business.	estituted and elected officers of said applicant and
Signature of President	Signature of Secretary
	Signature of Manager or Agent
Subscribed and sworn to before me this	day of , 20
	Notary Public
This COMPLETED application along with the	ate amount of cash, or certified check

made payable to MARK SHELDEN, CHAMPAIGN C

County Clerk's Office 1776 E Washinston St. Ultr. 29

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 Date Received: **Proper Application** Amount Received: Fee 2. Sheriff's Department Approval: Police Record 1. Disapproval: _____ Date: ____ Credit Check 2. Signature: LAPT J DOGU Remarks: Planning & Zoning Department V Date: 12/10/0€ Proper Zoning Approval: Date: Restrictions or Violations Disapproval: Signature: Remarks: B-3 DISTRICT ZUNING ADMINISTRATOF-**Environment & Land Use Committee** _____ Date: ____ Application Complete Approval: 1. Requirements Met Disapproval: ____ Date: 2. 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-EN	Г12				
Date(s) of Event(s) YEARLY					
Dusiness Haine.	HE WOODS BAR AND				
GRILL License Fee: \$\frac{GRILL}{10}\$	00.00				
Filing Fee: \$4	.00				
TOTAL FEE: \$ 10	04.00				
Checker's Signature:	· 34/18				

Filing Fees:

Α.

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:

		1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
A.	1.	Name of Business: Lake of the woods Baetlianors, Inc.
	2.	Location of Business for which application is made: 2045 Prairie View Rand
		Mahomet 7-41853
	3.	Business address of Business for which application is made:
	4.	Zoning Classification of Property:
	5.	Date the Business covered by Ordinance No. 55 began at this location:
	6.	Nature of Business normally conducted at this location: <u>Package Lawor</u>
	7.	Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J., Karao Ke, Small bau S
	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: Packhuc Enteres &
		1860 WEDFIELD DR, Sany IIL 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 RETURN! **APPLICANT**

В.	follo	is business will be conducted by a person other than the applicant, give the wing information about person employed by applicant as manager, agent or lly responsible party of the business in the designated location:
	Nan	ne: Brenda Kerns Date of Birth:
	Plac	e of Birth: (in a way a is n = C Social Security No.:
	Res	idence Address: 501 W main, Manamet, Let 61853
	Citiz	renship: If naturalized, place and date of naturalization:
	арр	uring 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.
C.	1.	Name(s) of owner(s) or local manager(s) (include any aliases): $6ary + Mildred$
		Date of Birth: Place of Birth: Champain County
		Social Security Number: Citizenship:
	_	If naturalized, state place and date of naturalization:
	2.	Residential Addresses for the past three (3) years: 2102 Foge (Road Mahomet, FL 61853
		marana , + c Vie 35
	3.	Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Lake of THE woods Bart Liansis, * ~ i
		Garry + mildred 21 wdars
		H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED.
D.	Answ	er only if applicant is a Corporation:
	1.	Name of Corporation exactly as shown in articles of incorporation and as registered: Lake OF the woods bart Liamos, Inc.
	2	Date of Incorporation: $1/29/8$ Z ate wherein incorporated: $\pm 1/1/9$ i.s

Recreation & Entertainment License Application Page Three

ive first date qualified to do business in Illinois: U usiness address of Corporation in Illinois as stated in Certificate of Incorporat	
	ion:
2045 Prairie View Road	
malionet IL 61853	
bjects of Corporation, as set forth in charter: Package Ciauo + 4	saz
ames of all Officers of the Corporation and other information as listed:	
ame of Officer: Garry 2inders	
ate elected or appointed. 1/29/82 Social Security No.:	
ate of Birth: Place of Birth: Champaign	<u> </u>
tizenship: ひい	
naturalized, place and date of naturalization:	
esidential Addresses for past three (3) years: <u> </u>	1,no
	7
isiness, occupation, or employment for four (4) years preceding date of applications and applications of the control of the co	
Slicense: Lake OF THE WOODS BON + HOWORS, UNITED RENTAL	Ir(,
MITGDIANIAC	
·	
site plan (with dimensions) must accompany this application. It must show th ildings, outdoor areas to be used for various purposes and parking spaces.	e locat
Se attached	
4 - 6.4.0	

CLERK, must be turned in to the Champaign

sis 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.	1/_		
Signature of Owner or of one of two members of Partnership Signature of Manager or Agent	Signature of Owner o	r of one of two member	rs of Partnership
Signature of Manager of Agent			
Subscribed and sworn to before me this	day of	F* * *	. 20 .
		Notary Public	
AFFIDA	VIT		
(Complete when applica	nt is a Corporatio	n)	
We, the undersigned, president and secret being duly sworn, say that each of us has read the therein are true and correct and are made upon of made for the purpose of inducing the County of County of the further swear that the applicant will not applicant's place of business. We further swear that we are the duly constant as such are authorized and empowered to execut application. Signature of President	e foregoing application personal knowled that the county of the county of the estituted and elected stituted and elected the county of the cou	ation and that the edge and informate the license here laws of the Unite f Champaign in the dofficers of said a	matters stated ation, and are in applied for dispersion of the conduct applicant and
Signature or President	Becca	Signature of Manager	or Agent
Subscribed and sworn to before me this25 *	day of N	vember	, 20 08
OFFICIAL SEAL MATT TANNER Notary Public, State of Illinois My Commission Express 253 1 2012 ation along with the	Max or	Notary Public	

made payable to MARK SHELDEN, CHAMPAIGN

11aue payable to INIAIN OFFICE DEN, CHANIFAIGN 36



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

FOR ELUC USE ONLY

County Clerk's Office Date Received: **Proper Application** Amount Received: _________ 2. Fee Sheriff's Department ______ Date: 12/9/08 Police Record Disapproval: _____ Date: ____ Credit Check 2. Signature: LAPT. J Now Remarks: Planning & Zoning Department Date: 12/10/08 Proper Zoning Approval: Restrictions or Violations Disapproval: Remarks: B-3 DISTRICT Signature; **Environment & Land Use Committee** Approval: Date: Application Complete 1. Disapproval: _____ Date: ____ Requirements Met 2. 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.



Authentication #: 0814801374

Authenticate at: http://www.cybardrivaillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

MAY

A.D.

2008

Desse White

SECRETARY OF STATE

PARKING 2006 Pop/Juice CoolERS Cooler Cooler SHELLES S E SHELUES Entrance Supplies Packaga Stock Contract Register Lake of the words An SHELVES TOWL 1 Janifor 1 SHELUES SHELUES 0460 Jorase Unused Storase avea

39

PARKing April 2006 Pop/Juice CoolERS solos colos malkin SHelves (2) (S) (S) SHELVES Supplies Entrance Packase 2001 Table Call Ca Register Lake of the woods Bar & Liquor, Fre. SHELVES Manager's

pesk/area Janitor (A) SHELUES SHELUES Storage Q1 607 Unused Storase avea 40



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:

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)

Recreation & Entertainment Lie 18 &

CHAMPAIGN COU Applications for License under County

FILED For Office Use Only (ημicense No.

~	2	•	T731	•	^
'71	m	u_	-EN	11'-	-()
	vv	,			v

Date(s) of Event(s) YEARLY elden

NATURE NAME: ROCK THE SHED 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:

1 11 - 0 - 1

A.	1.	Name of Business: Rock the Shed Inc.
	2.	Location of Business for which application is made: 1243 2 CR 550 €
		552 GR 2425N Dewey, IL 61840
	3.	Business address of Business for which application is made:
		552 CR 2425 N Dewry 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):
	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?
	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 Dewley, IL 6/840 on-going leave
	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 CONCIDERED FOR A LICENSE AND WILL BE RETURNEI PLICANT

Plac	ne: Date of Birth: Social Security No.:
Citiz	dence Address: If naturalized, place and date 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.
œ.	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:
	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:
_,	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED

Recreation & Entertainment License Application Page Three

Give first dat	e qualified to do	o business in Illi	nois:	
				ficate of Incorporation:
55 2	ca 24	125/	Dewey	De 61840
			0.501/10 5	No cercentional
Objects of Co	orporation, as s	set forth in charte	er: and alco	ate recreationalous port and abstinence -
			other information	^
Name of Offic Date elected	cer: <u>5+eve</u>	Willard 3/4/05	Itte: Social Se	President
				hampeign, IL
Citizenship: _	U.S.			
r naturalized	, place and dat	te or naturalizati	on:	
Residential A	ddresses for pa	ast three (3) yea	rs:	
552 CR	2425 N	Dewey	IL 6184	6
dusiness, occ nis license: _	supation, or em	nployment for for	ur (4) years prec	eding date of application
nis license: _ . site plan (w uildings, out	ith dimensions)	must accompa	ny this application us purposes and	on. It must show the lo
nis license: _ . site plan (w uildings, out	ith dimensions)	must accompanie used for vario	ny this applications purposes and	on. It must show the lo
site plan (wuildings, out	Laborer of	must accompanie used for vario	ny this applications purposes and	on. It must show the lost parking spaces. Micah Bogo appointed
nis license: site plan (wuildings, out	ith dimensions) door areas to be	must accompanie used for vario	ny this applications purposes and	on. It must show the lost parking spaces. Micah Bogo appointed
herry North	ith dimensions) door areas to be	must accompande used for various Secretary Secretary POB: 1	ny this application us purposes and	on. It must show the lost parking spaces. Micah Boya appointed Dob 35 # citizen ship US
herry North	ith dimensions) door areas to be	must accompande used for various Secretary Secretary POB: 1	ny this application us purposes and	mois, arbano- on. It must show the lost parking spaces. Micah Boy appointed appointed Dob ss # attizen ship US Place of birth: Ur
nis license: site plan (wouldings, outcome) herry N appoint D.OB. citizene	ith dimensions) door areas to be end 3/4/05 ship US	must accompande used for various Secretary Secretary Soft POB: 10	ny this application us purposes and landia	on. It must show the lost parking spaces. Micah Boy (appointed Dob ss # citizen ship US Place of birth: Ur Address 202 Cissna Por
herry No oppoint D.OB. citizene Natura	ith dimensions) door areas to be end 3/4/05 ship US	must accompande used for various Secretary Secretary Soft POB: 10	ny this application us purposes and linois home 1 618	on. It must show the lost parking spaces. Micah Boy (appointed Dob 35 # citizen ship US Place of birth: Ur Address 202

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

3.

LERK, must be turned in to the Champaign

AFFIDAVIT

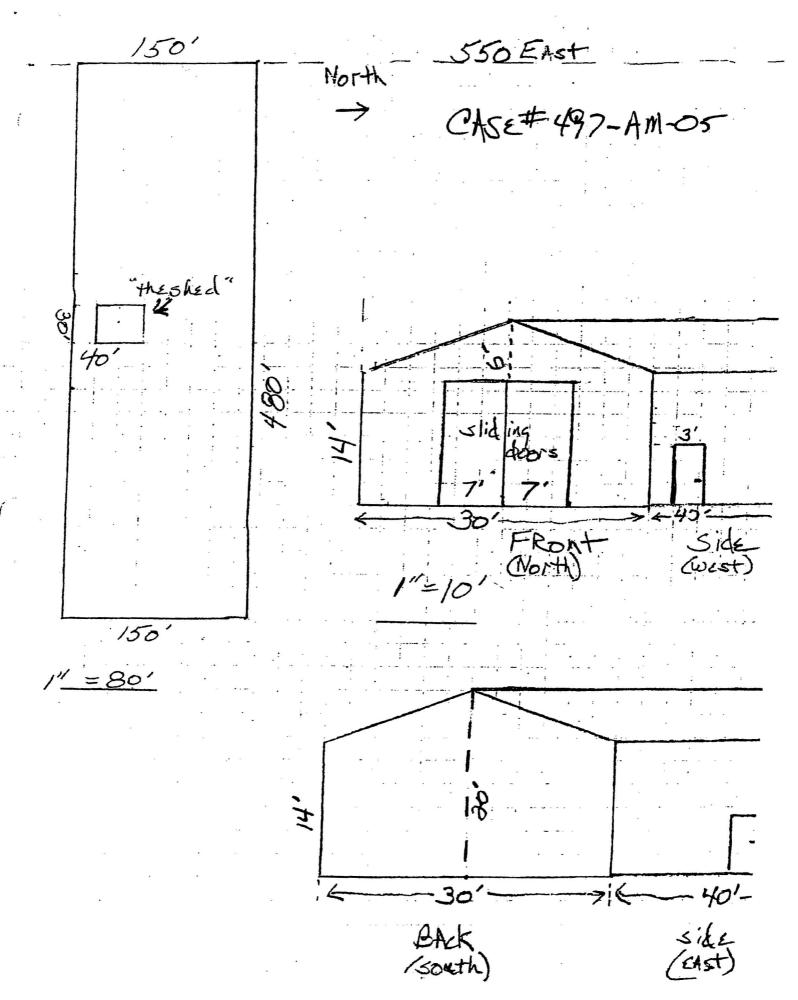
(Complete when applicant is an Individual or Partnership)

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.

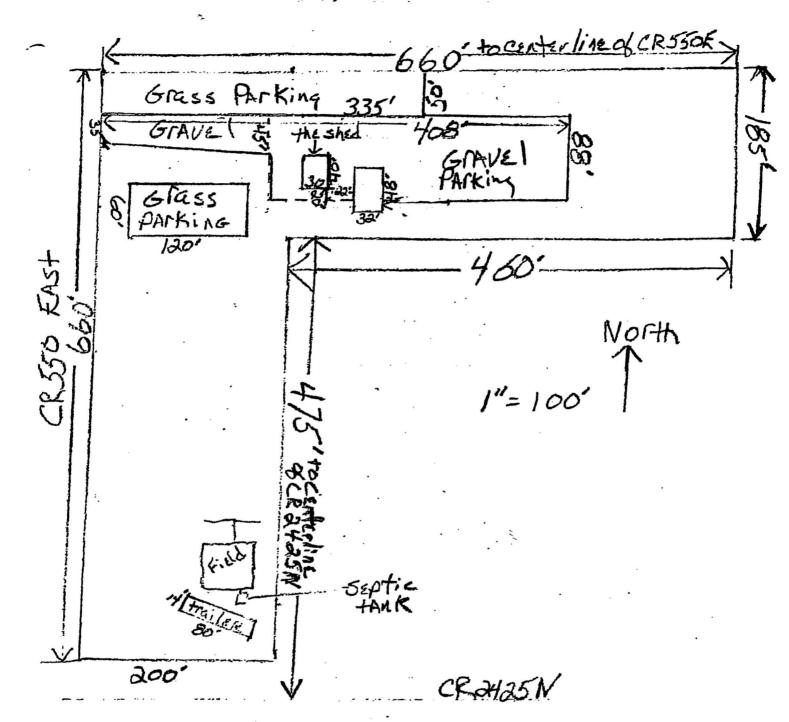
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

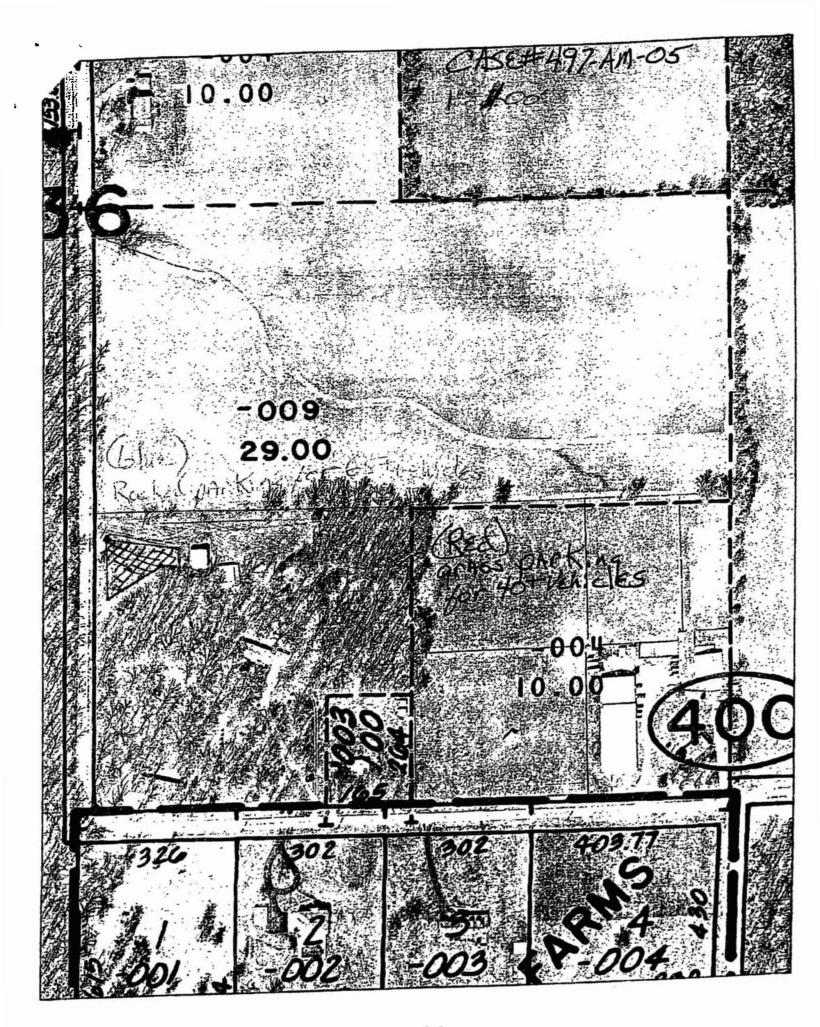
Signature of Owner or of one of two members of Partnership	Signature of Owner or of one of two members of Partnership
Signature of Manager or Agent	
Subscribed and sworn to before me this	day of , 20
	Notary Public
	IDAVIT licant is a Corporation)
being duly sworn, say that each of us has read therein 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	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
Subscribed and sworn to before me this	Dan Kang Notary Public

made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office 1776 F. Washington St. Urba 45



CASE#497-AM-05







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

FOR ELUC USE ONLY

		Count	y Clerk's Office	
	1.	Proper Application	Date Received:	15.09
T	2.	Fee	Amount Received: 104	.co ck
		Sheriff's	<u>Department</u>	
	1.	Police Record	Approval:	Date: 12/5/08
	2.	Credit Check	Disapproval:	Date:
	Rem	narks:	Signature:	
		Planning & Zo	oning Department	
囡	1.	Proper Zoning	Approval:	Date: 12/10/00
	2.	Restrictions or Violations	Disapproval:	Date:
	Rem	must conform to a Temporary U	Signature Hall	ZONING ADMINISTRATE
	19e	erformances within any 3	smooth period and other	to no more than zoning requirements
		Environment & L	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, 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 Of	ffice Use Only
License No	2009-ENT-07
Date(s) of Event(s))YEARLY
Business Name: TII	NCUP RV PARK 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

NOV 2 4 2008

Per Single-day Event:

\$ 10.00

1101 2 7 2000

Clerk's Filing Fee:

\$ 4.00

Mash 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:

Α.	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 Mahomet - 1.2 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

INCOMPLETE FORMS WILL NOT PE COMSIDERED FOR A LICENSE AND WILL BE RETUR APPLICANT

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

51

Recreation & Entertainment License Application Page Two

Nan	Gary Robinson Date of Birth:
Plac	me: Gary Robinson Date of Birth: e of Birth: Marion, North Carolina Social Security No.: idence Address: 2070 Co. Rd. 125 E Mahomet, II. 61853
Res	dence Address: 2070 Co. Rd. 125 E. Mahomet, 11. 61853
Citiz	enship: If naturalized, place and date 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 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.
l.	Additional forms containing the questions may be obtained from the County Clerk, if necessary, for attachment to this application form.
	Name(s) of owner(s) or local manager(s) (include any aliases): Gary Robinson Date of Birth: Place of Birth: Marion, North Carolina, New Ulm
	Date of Birth: Place of Birth: Marion, North Carolina, New Ulm
	Social Security Number: Citizenship: USA
	If naturalized, state place and date of naturalization:
2.	Residential Addresses for the past three (3) years:
	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, II. 61853
	nationiet, 11. 01075
	H OFFICER MUST COMPLETE SECTION D. OBTAIN ADDITIONAL FORM PAGES IF DED FROM THE COUNTY CLERK AND ATTACH TO THIS APPLICATION WHEN FILED
nsw	er only if applicant is a Corporation:
nsw	Per only if applicant is a Corporation: Name of Corporation exactly as shown in articles of incorporation and as registered: Tincup RV Park, Inc.

Recreation & Entertainment License Application Page Three

	late qualified to do business in Illinois:
Business a	address of Corporation in Illinois as stated in Certificate of Incorporation: 1715 E. Tincup Rd
	Mahomet, IL. 61853
Objects of	Corporation, as set forth in charter:campground
00,00000.	
Names of	all Officers of the Corporation and other information as listed:
Name of C	fficer: Gary Robinson Title: president
Date electe	officer: Gary Robinson ed or appointed: 11/15/99 Title: president Social Security No.: Th: Place of Birth: Marion, NC USA
Date of Bir	th: Place of Birth: Marion, NC
Citizenship	o:
f naturaliz	ed, place and date of naturalization:
Residentia	Addresses for past three (3) years: 218 S. Lake of the Woods Rd
	Mahomet, II. 61853
	Harlomet, 11. 01033

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

LERK, 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		
	, 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.	the foregoing application and that the matters stated in our personal knowledge and information, and are if 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 cute their application for and on behalf of said		
21	Signature of Manager or Agent		
Subscribed and sworn to before me this OFFICIAL SEAL JEFFREY D. ROBINSON NOTARY PUBLIC, STATE OF ILLINOIS MY GOMMISSION EXPIRES 8-1-2009 This COMPLETED application along the them.	Notary Public Ite amount of cash, or certified check		

made payable to MARK SHELDEN, CHAMPAIGN

County Clerk's Office, 1776 F. Washington St. 114



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

FOR ELUC USE ONLY

County Clerk's Office							
LXI	1.	Proper Application	Date Received:	11-24-08			
\square	2.	Fee	Amount Received:	\$104.00			
4		Sheriff's	Department				
	1.	Police Record	Approval:	542 Date: 12/5/08			
	2.	Credit Check	Disapproval:	Date:			
	Rem	arks:	Signature: 1000				
				Γ-			
/	Planning & Zoning Department						
V	1.	Proper Zoning	Approval:	Date: 12/10/00			
	2.	Restrictions or Violations	Disapproval:	Date:			
	Rem	arks: B-3 OISTFICT	Signature:	200 ZONING ADMINISTRATOR			
							
		Environment & La	and Use Committee	2			
	1.	Application Complete	Approval:	Date:			
	2.	Requirements Met	Disapproval:	Date:			
			Signature:				
	Rema	arks and/or Conditions:					

SPECIAL MEETING ADDENDUM to AGENDA

Champaign County Environment

Carol Ammons, Jan Anderson, Chris Doenitz

Brad Jones, Alan Kurtz (VC), Ralph Langenheim,

Steve Moser, Jon Schroeder, Barbara Wysocki (C)

& Land Use Committee

Members: Time: 6:15 p.m.

Place: Jennifer Putman Meeting Room

(Meeting Room 2)

December 18, 2008

Brookens Administrative Center

1776 E. Washington St.

Urbana, Illinois

Phone: (217) 384-3708

AGENDA
Old Business shown in Italics

Date:

- 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 Alchol, 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