CHAMPAIGN COUNTY BOARD ENVIRONMENT and LAND USE COMMITTEE (ELUC) Addendum



County of Champaign, Urbana, Illinois

Thursday, April 7, 2016 - 6:30 p.m. Lyle Shields Meeting Room Brookens Administrative Center, 1776 E. Washington St., Urbana

Committee Members:

Aaron Esry – Chair C.Pius Weibel – Vice-Chair Astrid Berkson Stan Harper

Pattsi Petrie Jon Schroeder Sam Shore

IX. Items to be Approved by ELUC

C. Recreation & Entertainment License: Recreation & Entertainment License: Champaign County Fair Association Annual License for Champaign County Fairgrounds, 1302 North Coler Avenue, Urbana, see attached calendar of anticipated events including the Champaign County Fair July 22– July 30, 2016.

Champaign County strives to provide an environment welcoming to all persons regardless of disabilities, race, gender, or religion. Please call 217-384-3776 to request special accommodations at least 2 business days in advance.



Filing Fees:

9.

10.

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)

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LINOIS, ounty r: Entertainment License under County lating Recreational & the County (for use by this Ordinance other and similar enterprises)	For Office Use Only 2016 - ENT-02.1 Date(s) of Event(s) ANNUAL Business Name: HAMP CD. FAIR ASSOC License Fee: \$ 100, 00 Filling Fee: \$ 104.00 Checker's Signature:
Per Year (or fraction thereof): Per Single-day Event: Clerk's Filing Fee:	\$ 100.00 \$ 10.00 \$ 10.00 \$ 4.00 APR 0 1 2016

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

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: Champarin County Fair Association Α. 1. Location of Business for which application is made: 2.
 - 3D2 North Coller Hire Mubana. 61203 Business address of Business for which application is made: 3.
 - P.O. Box 544 Webana IL Le1803 4.

- Zoning Classification of Property:
- Date the Business covered by Ordinance No. 55 began at this location: 5.
- Nature of Business normally conducted at this location: 6.
- Nature of Activity to be licensed (include all forms of recreation and entertainment 7. to be provided): Carn.val, Lawnmour Duby, Rodeo, Demo De
- 8. Term for which License is sought (specifically beginning & ending dates): Prous 1

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

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

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

2016 Schedule

Hoof N Horn

Derby Icon

Humane Society

Audio Feed

Hammer Down Tractor Pull

Champaign County Fair

Lawnmower Derby

? Hounted Barn

(Not sure on) (all dates_

April 14th thru April 16th May 8th thru May 31st $\rightarrow \pm 4$ us get three 0 June 30th thru July 5th -July 15th & July 16th -July 22 thru July 30th May 21st, August 27th, December 4th Oct $a 0 1 1 0 \times 10^{14}$ $\eta + 8$, 14 + 15, a 1 + 83, 88 + 29

April 1st & 2nd

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

Name: Cherul Smith	Date of Birth:
Place of Birth: Champarin	Social Security No :
Residence Address: 108 Morth St.	Fisher IL U1843
	ed, place and date of naturalization:

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

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

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

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

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

	NO.			
Date of Birth:	Place of Birth:			
Social Security Number:	Citizenship:			
If naturalized, state place and date of naturalization:				
Destals at the data and the second second				

- 2. Residential Addresses for the past three (3) years:
- Business, occupation, or employment of applicant for four (4) years preceding date of 3. application for this license;

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

- D. Answer only if applicant is a Corporation:
 - Name of Corporation exactly as shown in articles of incorporation and as registered: 1.
 - Date of Incorporation Feb 28 1910 State wherein incorporated: TLLINOTS 2.

Give first date qualified to do business in Illinois:
Business address of Corporation in Illinois as stated in Certificate of Incorporation:
Objects of Corporation, as set forth in charter:
Names of all Officers of the Corporation and other information as listed: Name of Officer: Mike Kobel Date of Officer: Mike Kobel Date elected or appointed: 12/1/2014 Social Security No. Date of Birth: Place of Birth: Urbana Il Citizenship:
Residential Addresses for past three (3) years: 1408 E Florida Ave Urbana IL
Business, occupation, or employment for four (4) years preceding date of application for this license: Crash Rescue Coordinator,
Univeristy of Illinois

- 3. If foreign Corporation, give name and address of resident agent in Illinois: Give first date gualified to do business in Illinois: 4. Business address of Corporation in Illinois as stated in Certificate of Incorporation: Objects of Corporation, as set forth in charter: 5. 6. Names of all Officers of the Corporation and other information as listed: Name of Officer: John Bell Title: Board Secretary Date elected or appointed: _12/1/2014 Social Security No.: Date of Birth: Place of Birth: Urbana TL Citizenship: If naturalized, place and date of naturalization: Residential Addresses for past three (3) years: 1614 W Park Ave Champaign IL 61821 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.

	o do business in Illinois:
Business address of Cor	poration in Illinois as stated in Certificate of Incorporation:
bjects of Corporation, a	is set forth in charter:
	he Corporation and other information as listed:
lane of Oncer. <u>Rent r</u>	Veeks Title: 1st Vice Presiden+
ale elected of appointed	d: 12/1/2014 Social Security No.:
itizenship:	Place of Birth: Urbnaa IL
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nemensen, higge and	date of naturalization:
esidential Addresses for	r nant three (2) warme
2105 Bol	mont Park In Champaign IL
	mone Fark bit Champaign 11
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	employment for four (4) years preceding date of application for

Give first date	qualified to do business ir	n Illinois:		
Business addre	ess of Corporation in Illino	is as stated in	Certificate of Inco	rporation:
bjects of Corp	poration, as set forth in ch	arter:		1
ane of Onice ate elected or ate of Birth: _ itilzenship:	fficers of the Corporation of r: <u>Edgar Busboom</u> appointed:12/1/2014	T Socia Place of Birth:	itle: <u>2nd Vice</u> Security No.: Champaign Cor	unty
naturalized, p	lace and date of naturaliz	ation:		
esidential Add	resses for past three (3) y 2106 CR 2500 N	vears:		
	Thomasboro II. 61			
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	oation, or employment for	four (A) up and a		

Sive first date q	ualfied to do business in Illinois:
	ss of Corporation in Illinois as stated in Certificate of Incorporation:
Dijects of Corpo	oration, as set forth in charter:
lame of Officer: late elected or a late of Birth:	Ticers of the Corporation and other information as listed: Pam Barham Title:Treasurer appointed: 12/1/2014 Social Security No.: Place of Birth:
naturalized, pla	ace and date of naturalization:
esidential Addr	esses for past three (3) years:
	2451 Clayton Blvd Champaign IL 61822
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Champaign County Fair Association 2016 Board of Directors

Mike Kobel	President	1408 E Florida Ave	Urbana IL 61801
Kent Weeks	1st Vice President	3310 N Mattis Ave	Champaign IL 61822
Edgar Busboom	2nd Vice President	2106 CR 2500 N	Thomasboro IL 61878
John Bell	Secretary	1614 W Park Ave	CHampaign IL 61821
Pam Barham	Treasurer	2451 Clayton Blvd	Champaign IL 61822
HD Brown	Director	907 N County Fair Dr	Champaign IL 61821
Dave Price	Director	1807 S Brook Ct	Mahomet IL 61853
Bob Williams	Director	409 S Bourne	Tolono IL 61880
Bill Alagna	Director	P.O. Box 70	Seymour IL 61875
Jared Little	Director	1321 Cobble Stone Way	Champaign IL 61822
Debbie Weeks	Director	700 Schlutter St	Thomasboro IL 61878
Larry Buhrmester	Dirctor	41 Lange	Savoy, IL 61874

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	\sim
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 day of 71 20/(0 "OFFICIAL SEAL CHERYL M. SMITH Notary Public, State of Illinois My commission expires 07/08/17/ This COMPLETED application along with the appropriate amount of cash, or certified check made payable to GORDY HULTEN, CHAMPAIGN COUNTY CLERK, must be turned in to the Champaign

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

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