

**CHAMPAIGN COUNTY BOARD  
ENVIRONMENT and LAND USE COMMITTEE (ELUC) ADDENDUM**  
County of Champaign, Urbana, Illinois  
Thursday, December 7, 2017 - 6:30 p.m.

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Lyle Shields Meeting Room  
Brookens Administrative Center  
1776 E. Washington St., Urbana

**VIII. Items to be Approved by ELUC**

- A. Annual Renewal of Recreation & Entertainment License.
  - iii. Alto Vineyards, 4210 North Duncan Road, Champaign. 1/1/18- 12/31/18



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)

Print Form

For Office Use Only

License No. \_\_\_\_\_  
 Date(s) of Event(s) ANNUAL  
 Business Name: ALTO VINEYARDS LTD  
 License Fee: \$ 100.00  
 Filing Fee: \$ 4.00  
 TOTAL FEE: - \$ 104.00  
 Checker's Signature: [Signature]

**FILED**

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

DEC 05 2017

[Signature]  
CHAMPAIGN COUNTY CLERK

Checks Must Be Made Payable To: Gordy Hulten, 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: 4410 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 & Wholesale wine sales, 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): 1-1-18 to 12-31-18

(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: Susan Sharp Date of Birth: \_\_\_\_\_  
Place of Birth: Rochelle, IL Social Security No.: \_\_\_\_\_  
Residence Address: 6 Welsh Cobb Circle, White Heath IL 60184  
Citizenship: US 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 Dulonick  
Date of Birth: \_\_\_\_\_ Place of Birth: Chicago IL  
Social Security Number: \_\_\_\_\_ Citizenship: US  
If naturalized, state place and date of naturalization: \_\_\_\_\_
2. Residential Address(es) for the past three (3) years: \_\_\_\_\_  
375 C.R. 2435 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: 4.11.88

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

Route #1 Box 51  
Alto 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 Renzaglia Title: Secretary  
Date elected or appointed: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: Estonia Saskatchewan, Canada  
Citizenship: US US  
If naturalized, place and date of naturalization: \_\_\_\_\_

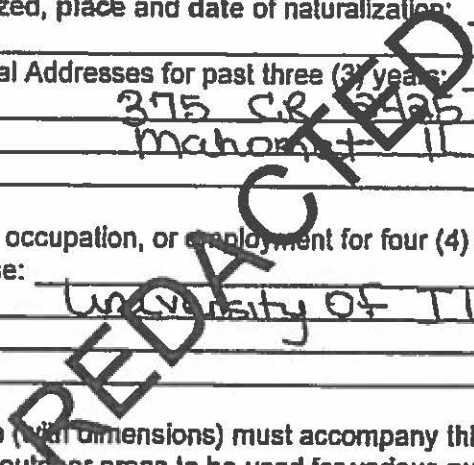
Residential Addresses for past three (3) years:

375 C.R. 2425 N  
Mahomet IL 61853

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

University of Illinois - retired

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:

N/A

Give first date qualified to do business in Illinois: 4.11.88

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

Route #1 Box 51  
Alto 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: Dan Benzaglia Title: President  
Date elected or appointed: 10/15 Social Security No.:  
Date of Birth: Place of Birth: Carbondale, Illinois  
Citizenship: US  
If naturalized, place and date of naturalization:

Residential Addresses for past three (3) years:

1204 Sunnyside Ct  
Franklin, TN 37064

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

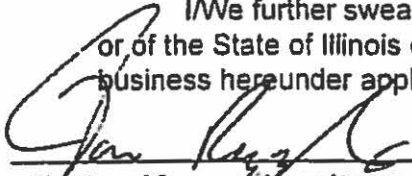
Industrial Finishes Co

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.

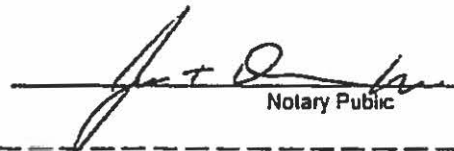
  
\_\_\_\_\_  
Signature of Owner or of one of two members of Partnership

\_\_\_\_\_  
Signature of Owner or of one of two members of Partnership

\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this 29<sup>th</sup> day of NOVEMBER, 2017.



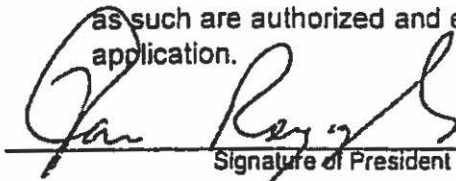
  
\_\_\_\_\_  
Notary Public

**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.

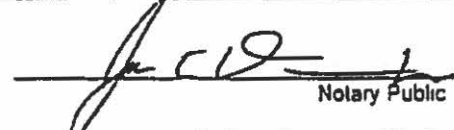
  
\_\_\_\_\_  
Signature of President

  
\_\_\_\_\_  
Signature of Secretary

  
\_\_\_\_\_  
Signature of Manager or Agent

Subscribed and sworn to before me this 29<sup>th</sup> day of NOVEMBER, 2017.



  
\_\_\_\_\_  
Notary Public

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

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

