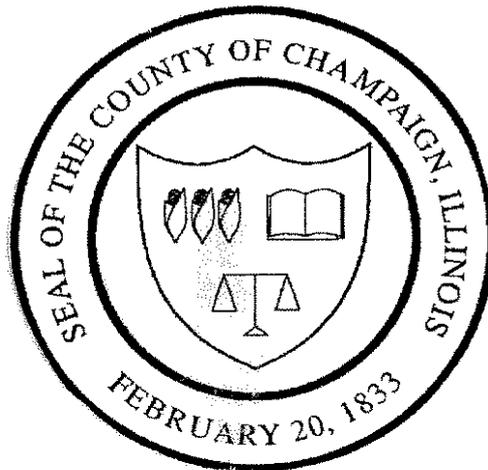


*Environment
& Land Use Committee
Agenda*

December 10, 2007



6:30 p.m.

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

AGENDA

Champaign County Environment & Land Use Committee

Members:

*Jan Anderson, Chris Doenitz, Matthew Gladney,
Brad Jones, Ralph Langenheim, Carrie Melin, Steve
Moser, Jon Schroeder (VC), Barbara Wysocki (C)*

Date: *December 10, 2007*

Time: *6:30 p.m.*

Place: *Lyle Shields Meeting Room
Brookens Administrative Center
1776 E. Washington St.
Urbana, Illinois*

Phone: *(217) 384-3708*

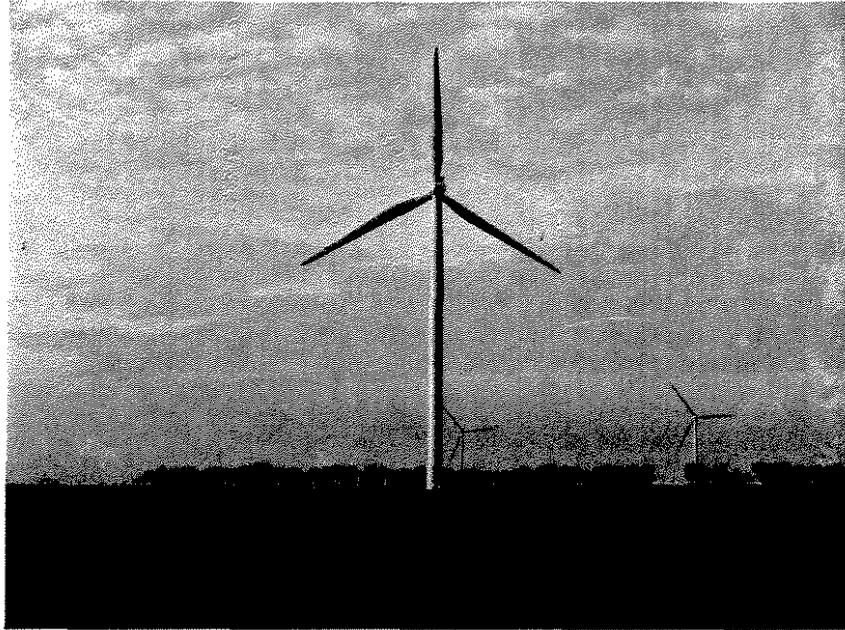
AGENDA

Old Business shown in Italics

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes (November 13, 2007)
(To be mailed separately)
4. Public Participation
5. Correspondence
 - A. Siting and Taxing Wind Farms in Illinois Conference 1 thru 2
6. A. Recreation and Entertainment License: Alto Vineyards, 4210 N. Duncan Rd, Champaign, IL. January 01, 2008 through December 31, 2008 3 thru 12
- B. Recreation and Entertainment License: Elmer's Club 45, Inc. d.b.a. Club 45 Banquet Hall, 3515 N. Cunningham Av, Urbana, IL January 01, 2008 through December 31, 2008 13 thru 19
- C. Recreation and Entertainment License: Curtis Orchard LTD, 3902 S. Duncan Rd, Champaign, IL January 01, 2008 through December 31, 2008 20 thru 29
- D. Recreation and Entertainment License: Gordyville, LLC, 2205 CR 3000N, Gifford, IL January 03, 2008 through January 05, 2008 (tractor pulls) 30 thru 42
- E. Recreation and Entertainment License: Hideaway of the Woods Bar & Grill, 809 S. Prairieview Rd, Mahomet, IL January 01, 2008 through December 31, 2008 43 thru 55
- F. Recreation and Entertainment License: Honeybee Productions, Inc d.b.a. Malibu Bay Lounge, 3106 N. Cunningham Av, Urbana, IL January 01, 2008 through December 31, 2008. 56 thru 64

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

- | | |
|---|---------------------|
| G. Recreation and Entertainment License: Lake of the Woods Bar and Grill, 204 S. Prairieview Rd, Mahomet, IL January 01, 2008 through December 31, 2008. | 65 thru 72 |
| H. Recreation and Entertainment License: Last Call for Alcohol, Inc, 105 Main St, Penfield, IL January 01, 2008 through December 31, 2008 | 73 thru 80 |
| I. Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. Pink House, 2698 CR 1600N, Ogden, IL January 01, 2008 through December 31, 2008 | 81 thru 88 |
| J. Recreation and Entertainment License: Rock the Shed, Inc, 552 CR 2425N, Dewey, IL January 01, 2008 through December 31, 2008 | 89 thru 98 |
| K. Recreation and Entertainment License: Shirley's Oasis, 2705 CR 3000N, Penfield, IL January 01, 2008 through December 31, 2008 | 99 thru 106 |
| L. Recreation and Entertainment License: Tincup RV Park Inc, 1715 E. Tincup Rd, Mahomet, IL January 01, 2008 through December 31, 2008 | 107 thru 113 |
| M. Recreation and Entertainment License: Uncle Buck's Sports Bar Inc, 215 Lake of the Woods Rd, Mahomet, IL January 01, 2008 through December 31, 2008 | 114 thru 120 |
| N. Hotel/Motel License: Motel 6, 1906 N. Cunningham Ave, Urbana, IL January 01, 2008 through December 31, 2008 | 121 thru 122 |
- 7. *Proposed Intergovernmental Agreement regarding development pursuant to municipal annexation agreement that is more than one-and-one half miles from the municipality. (Information to be distributed at meeting)***
- 8. Monthly Report (October; and November, 2007)**
(Information to be distributed at meeting)
- 9. Other Business**
- 10. Determination of Items to be placed on the County Board Consent Agenda**
- 11. Adjournment**



Siting and Taxing Wind Farms in Illinois

Pere Marquette Hotel

Peoria, IL

December 13, 2007

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

Jeanne Ropp, Livingston County Board

Phil Dick, McLean County Zoning Board

Daniel Slattery, Reed Smith

Kyle Barry, Vice President, Business Expansion, McGuire Woods LLP

Wes Slaymaker, EcoEnergy

Bill Whitlock, Horizon Wind Energy

Peter Poletti, Poletti and Associates, Inc.

James Griffin, Schain, Burney, Ross and Citron, Ltd.

Paul Lewis, Miller, Hall & Triggs

James J. Greenberger, Reed Smith LLP

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

Registration is now open.

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

Hosted by:

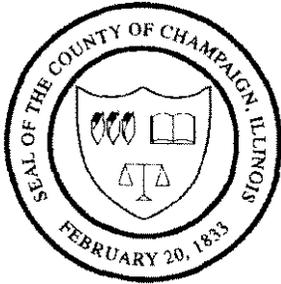
ILLINOIS STATE
UNIVERSITY



Illinois Wind Working Group

Sponsored by:

 The business of relationships.	
 <small>ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY</small>	 <small>Pioneers in development and sustainability</small>
SCHAIN, BURNEY, ROSS & CITRON, LTD.	 BABCOCK & BROWN
 PPM Energy	



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,

No. 2008-ENT-02

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

NOT TRANSFERABLE
ALTO VINEYARDS CHAMPAIGN

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

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

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

FILED
NOV 6 2007

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

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 ROUTE 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): 1-1-08 TO 12-31-08

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

9. Do you own the building or property for which this license is sought? 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

3. 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: Mc Comb IL. Social Security No.: _____
Residence Address: 1004 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.
MTAHOMET, 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: 4-11-88 le 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: PAUL RENZAGLIA 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 LANE
ALTO PASS, 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:

4-11-88

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

ROUTE #1 BOX 51
AUTO PAO, 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: GUY RENZAGLIA

Title: VICE PRESIDENT

Date elected or appointed: _____

Social Security No.: _____

Date of Birth: _____

Place of Birth: VIRGINIA, MINN.

Citizenship: YES

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

325 LAKE RD.
MURPHYSBORO, IL. 62966

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

RETIRED

7. A site plan (with dimensions) must accompany this application. It must show the location of a 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:

4-11-88

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

ROUTE #1 BOX 51
AUTO PRO, 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: ADRIE KENZALIA

Title: SECRETARY

Date elected or appointed: _____

Social Security No.: _____

Date of Birth: _____

Place of Birth: EDMONTA SASKATCHEWAN, CANADA

Citizenship: YES

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

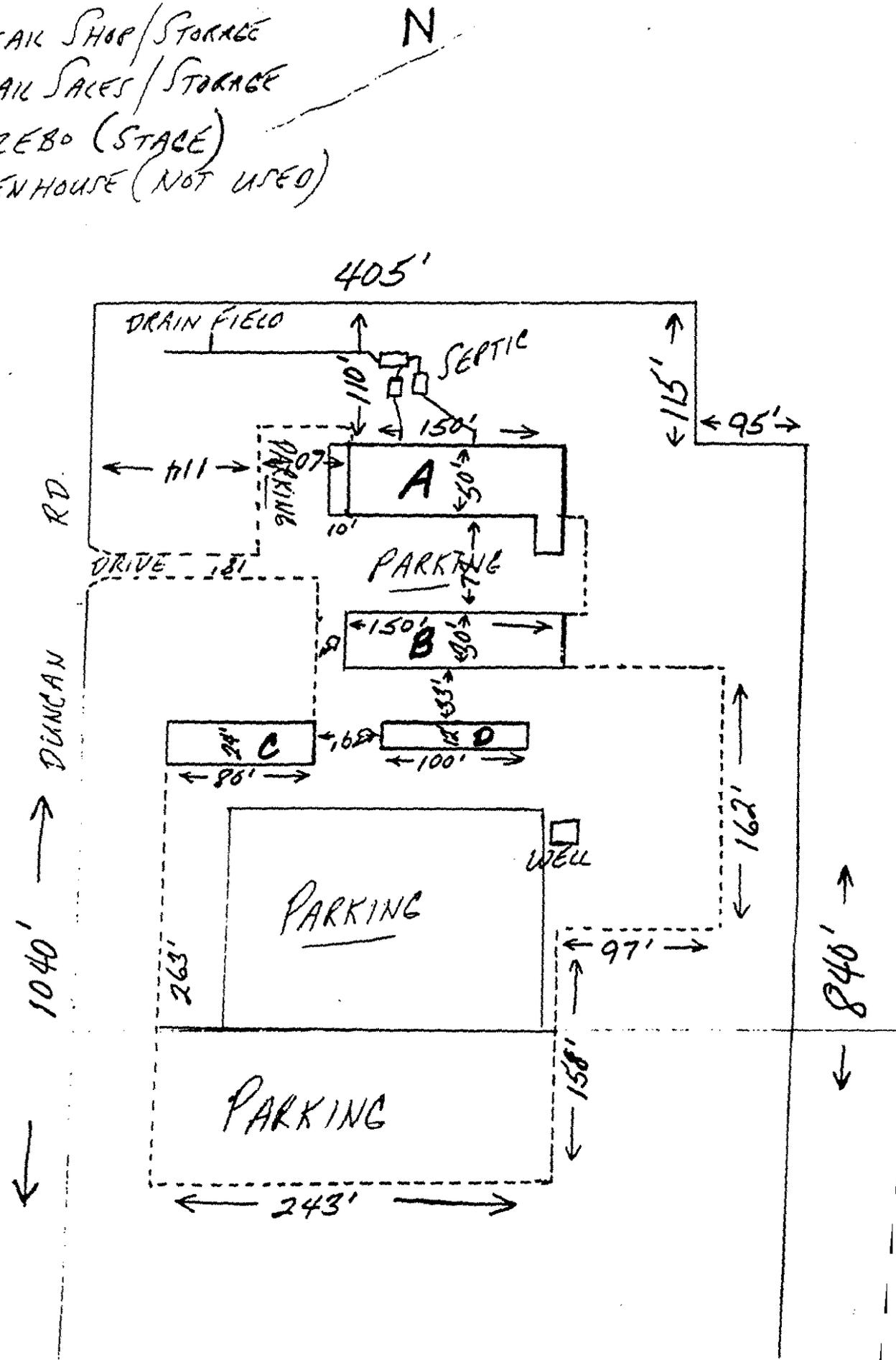
375 C.R. 2425 N.
MAHOMET, IL. 61853

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

UNIVERSITY of ILLINOIS

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

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



Recreation & Entertainment License Application
Page Four

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

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

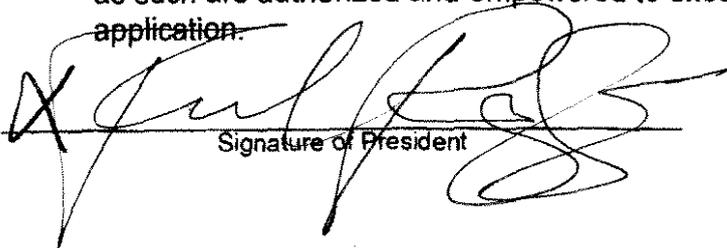
AFFIDAVIT

(Complete when applicant is a Corporation)

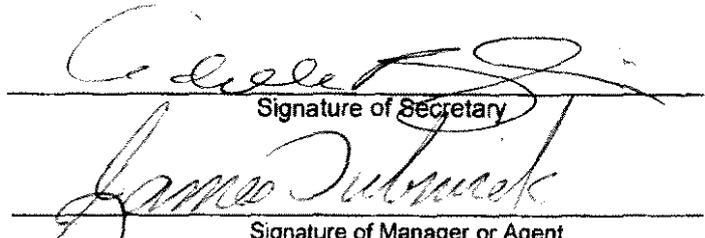
We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose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

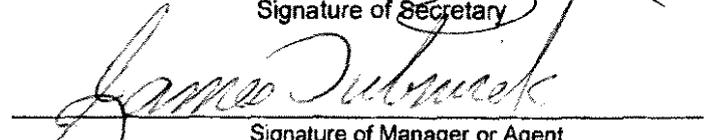
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.



Signature of President

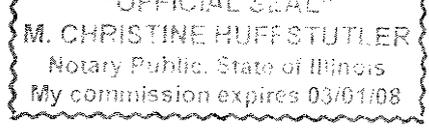


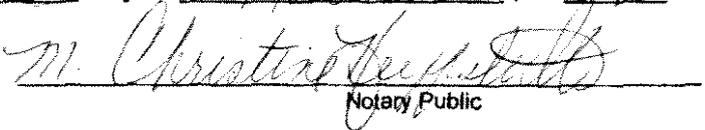
Signature of Secretary



Signature of Manager or Agent

Subscribed and sworn to before me this 6th day of November, 2007.





Notary Public

This **COMPLETED** application along with the appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN COUNTY CLERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St., U 1802. 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: 11-6-07
- 2. Fee Amount Received: 104-00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPS Jim Vogel

Planning & Zoning Department

- 1. Proper Zoning Approval: 12/03/07 Date: 12/03/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-4 ZONING W/ CONDITIONS APPEARS TO CONFORM TO CONDITIONS Signature: [Signature] ZONING ADMIN.

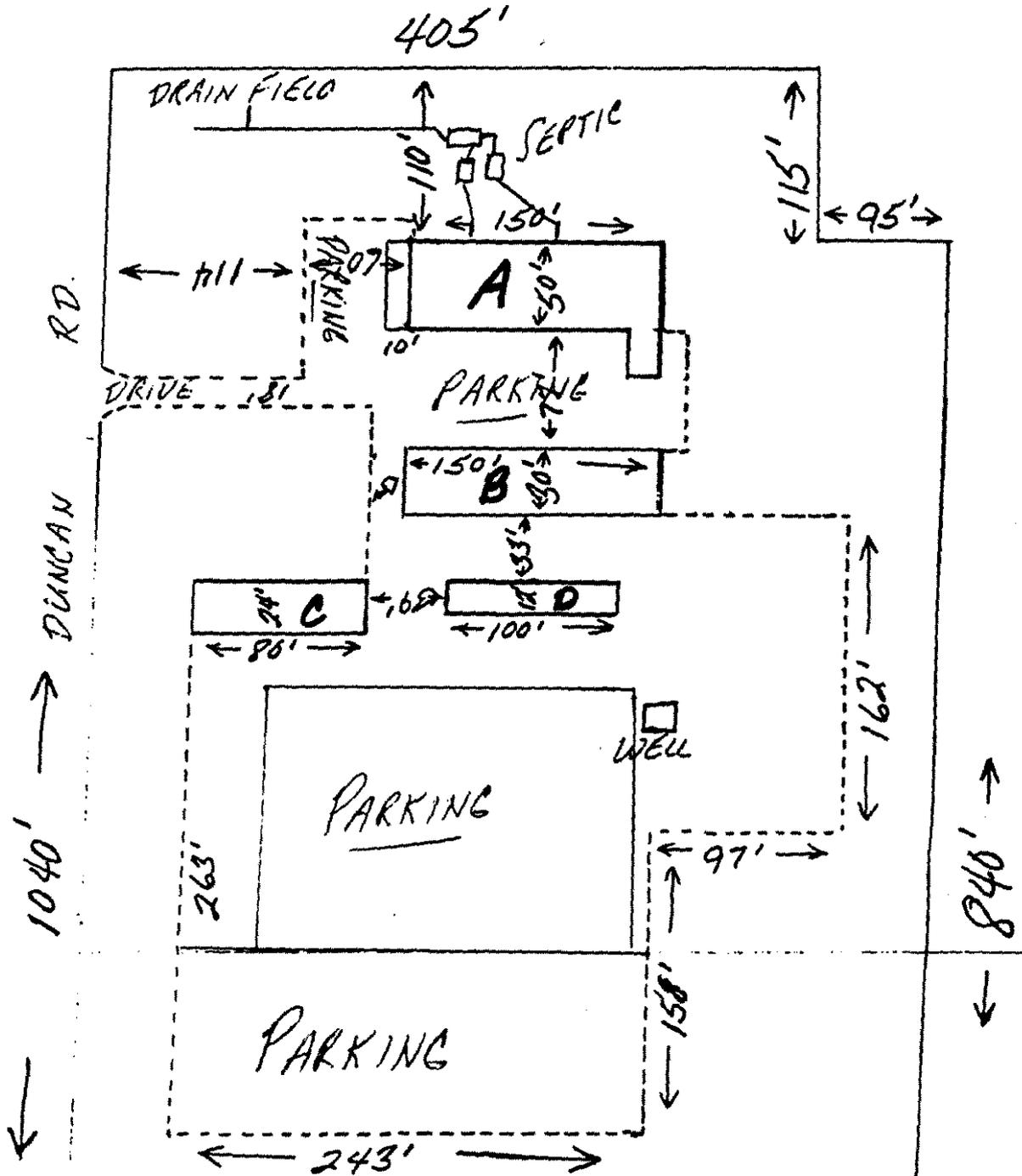
Environment & Land Use Committee

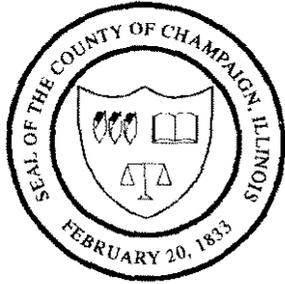
- 1. Application Complete Approval: _____ Date: _____
- 2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____

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





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-ENT-08
\$100.00

NOT TRANSFERABLE

ELMERS CLUB 45, INC.
DBA
CLUB 45 BANQUET HALL

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

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

MARK SHELDEN
County Clerk

Chairman, Champaign County License Commission



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

FILED

NOV - 6 2007

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)

Mark Sheldon
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2008-ENT-08
Date(s) of Event(s) Jan. 1, thru Dec. 31, 20
Business Name: Club 45 Banquet Hall
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: *ms*

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

Checks Must Be Made Payable To: Mark Sheldon, 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: ELMERS CLUB 45, INC / CLUB 45 BANQUET HALL
 2. Location of Business for which application is made: 3515 N. CUNNINGHAM URBANA IL 61202
 3. Business address of Business for which application is made: P.O. BOX 965 URBANA IL 61203
 4. Zoning Classification of Property: B-3
 5. Date the Business covered by Ordinance No. 55 began at this location: 2003
 6. Nature of Business normally conducted at this location: BAR, NIGHT CLUB BANQUET HALL
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): OUTDOOR EVENTS, BIKE / CAR SHOWS, BANDS, DJ, RECEPTIONS MEETINGS, COMEDY, KARAOKE, TALENT / FASHION SHOWS
 8. Term for which License is sought (specifically beginning & ending dates): 01-01-08 to 12-31-08
(NOTE: All annual licenses expire on December 31st of each year)
 9. Do you own the building or property for which this license is sought? NO
 10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: HBT 217 602 N. COUNTRY FAIR DR CHAMPAIGN IL 61231
 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. ON FILE

INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR A LICENSE
AND WILL BE RET) 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: PAUL VAN PELT Date of Birth: _____
Place of Birth: CHAMPAIGN IL Social Security No.: _____
Residence Address: 1212 WINDSOR RD CHAMPAIGN IL 61821
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:
ELMERS DUB45, INC
- 2. Date of Incorporation: OCT 2003 State wherein incorporated: IL

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:

3515 N. CUNNINGHAM AVE
URBANA IL 61802

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: PAUL VAN PELT Title: PRESIDENT
Date elected or appointed: 7-28-04 Social Security No.: _____
Date of Birth: _____ Place of Birth: CHAMPAIGN IL
Citizenship: _____
If naturalized, **place** and **date** of naturalization: _____

Residential Addresses for past three (3) years: _____

1212 WINDSOR RD
CHAMPAIGN IL 61821

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

VP. LAWN CARE
OWNER/MGR CLUBS

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.

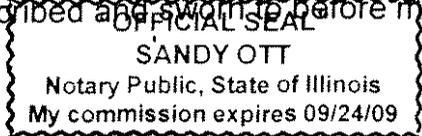
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Signature of President

Signature of Secretary

Signature of Manager or Agent

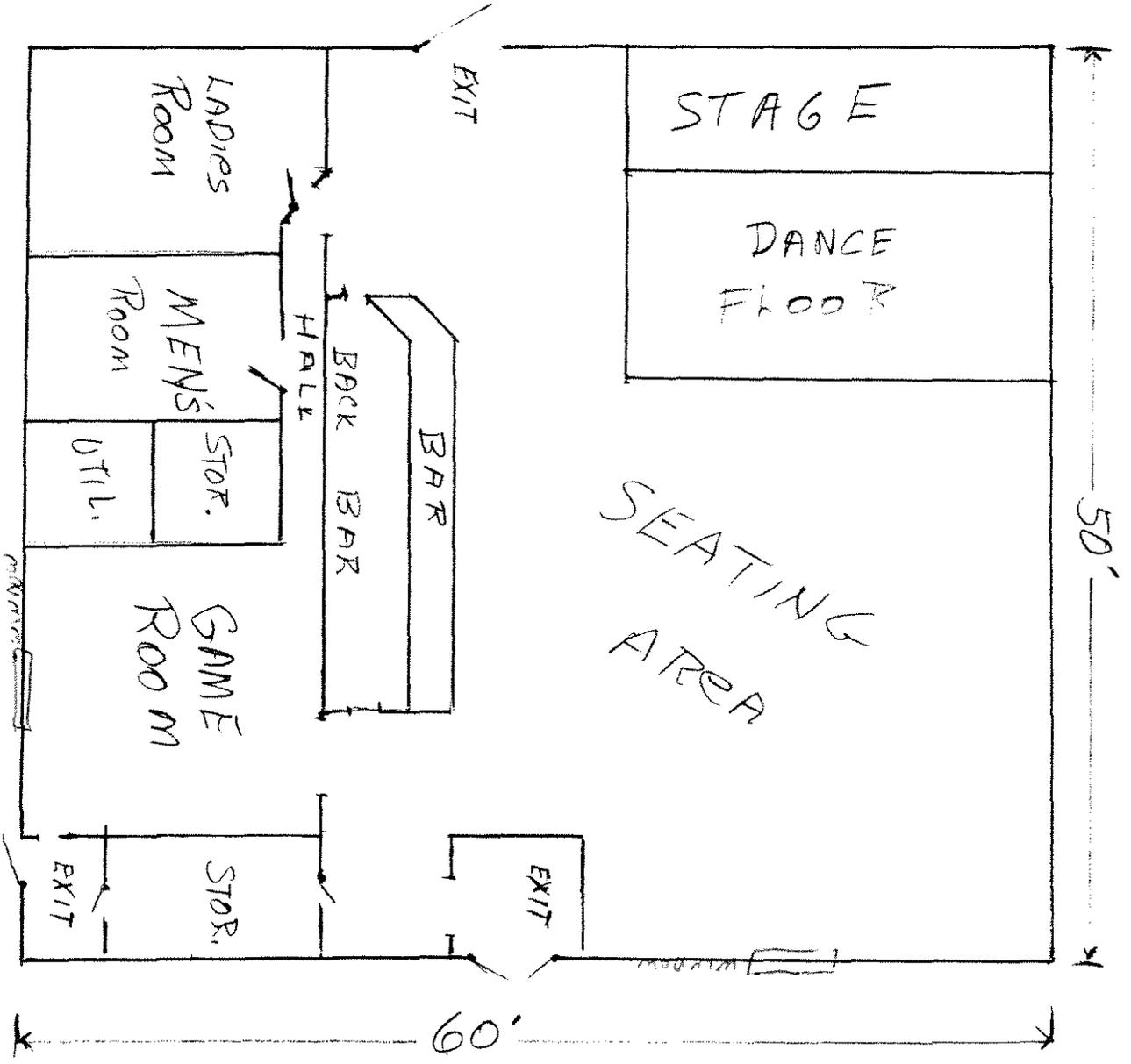
Subscribed and sworn to before me this 6 day of November, 2007.



Notary Public

This COMPLETED application along with the fee made payable to MARK SHELDEN, CHAMPAIGN County Clerk's Office, 1776 E. Washington St., Urbana, IL 61802.

Appropriate amount of cash, or certified check 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.



ELMER'S CLUB 45

FLOOR PLAN

3000 sq' NOT TO SCALE



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

FOR ELUC USE ONLY

County Clerk's Office

- | | | | |
|-------------------------------------|-----------------------|------------------|----------------|
| <input checked="" type="checkbox"/> | 1. Proper Application | Date Received: | <u>11-6-07</u> |
| <input checked="" type="checkbox"/> | 2. Fee | Amount Received: | <u>104.00</u> |

Sheriff's Department

- | | | | | | |
|-------------------------------------|------------------|--------------|-------|-------|-----------------|
| <input checked="" type="checkbox"/> | 1. Police Record | Approval: | _____ | Date: | <u>11/28/07</u> |
| <input type="checkbox"/> | 2. Credit Check | Disapproval: | _____ | Date: | _____ |

Remarks: _____ Signature: CAPT Jim Vogels

Planning & Zoning Department

- | | | | | | |
|-------------------------------------|-------------------------------|--------------|----------|-------|-----------------|
| <input checked="" type="checkbox"/> | 1. Proper Zoning | Approval: | <u>✓</u> | Date: | <u>12/04/07</u> |
| <input type="checkbox"/> | 2. Restrictions or Violations | Disapproval: | _____ | Date: | _____ |

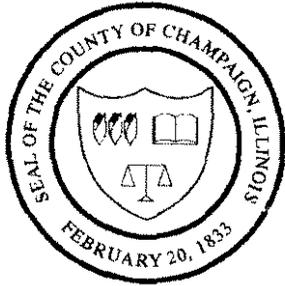
Remarks: B-3 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

- | | | | | | |
|--------------------------|-------------------------|--------------|-------|-------|-------|
| <input type="checkbox"/> | 1. Application Complete | Approval: | _____ | Date: | _____ |
| <input type="checkbox"/> | 2. Requirements Met | Disapproval: | _____ | Date: | _____ |

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,

No. 2008-ENT-03

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

NOT TRANSFERABLE

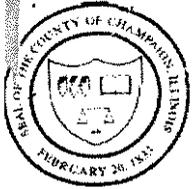
CURTIS ORCHARD LTD.

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



FILED
 STATE OF ILLINOIS,
 Champaign County
 Application for: Entertainment License
 Recreation & Entertainment License
Mark Shelden
 CHAMPAIGN COUNTY CLERK

FILED
 OCT 29 2007

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. 2008-ENT-03
 Date(s) of Event(s) Jan. 1, thru Dec. 31, 20
 Business Name: Curtis Orchard Ltd.
 License Fee: \$ 100.00
 Filing Fee: \$ 4.00
 TOTAL FEE: \$ 104.00
 Checker's Signature: *MS*

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

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

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

- 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: SAME
 4. Zoning Classification of Property: AG-2 w/ Major-Rural Specialty Business Spec. 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): 7/20/08 - 12/23/08
 (NOTE: All annual licenses expire on December 31st of each year)
 9. Do you own the building or property for which this license is sought? 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: 2-25-1993 e wherein incorporated: Illinois

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: Paul Curtis Title: President/co-owner

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/CO-OWNER

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.

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/Co-owner

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/co-owner

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.

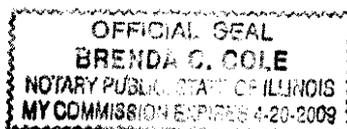
Randall Graham

Signature of ~~President~~ Vice President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 29 day of October, 2007.



Brenda C. Cole

Notary Public

This COMPLETED application along with the approval made payable to MARK SHELDEN, CHAMPAIGN COUNTY Clerk's Office, 1776 E. Washington St., Urbana Ill

27

amount of cash, or certified check 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: 10-29-07
2. Fee Amount Received: 104.00

Sheriff's Department

1. Police Record Approval: _____ Date: 11/28/07
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____

Signature: CAPT Jim Vogw

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 12/04/07
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: AG-2 SPECIAL USE PERMIT Signature: _____

Operations must conform to special conditions regarding hours of operation,
noise level as required in zoning case 350-S-02

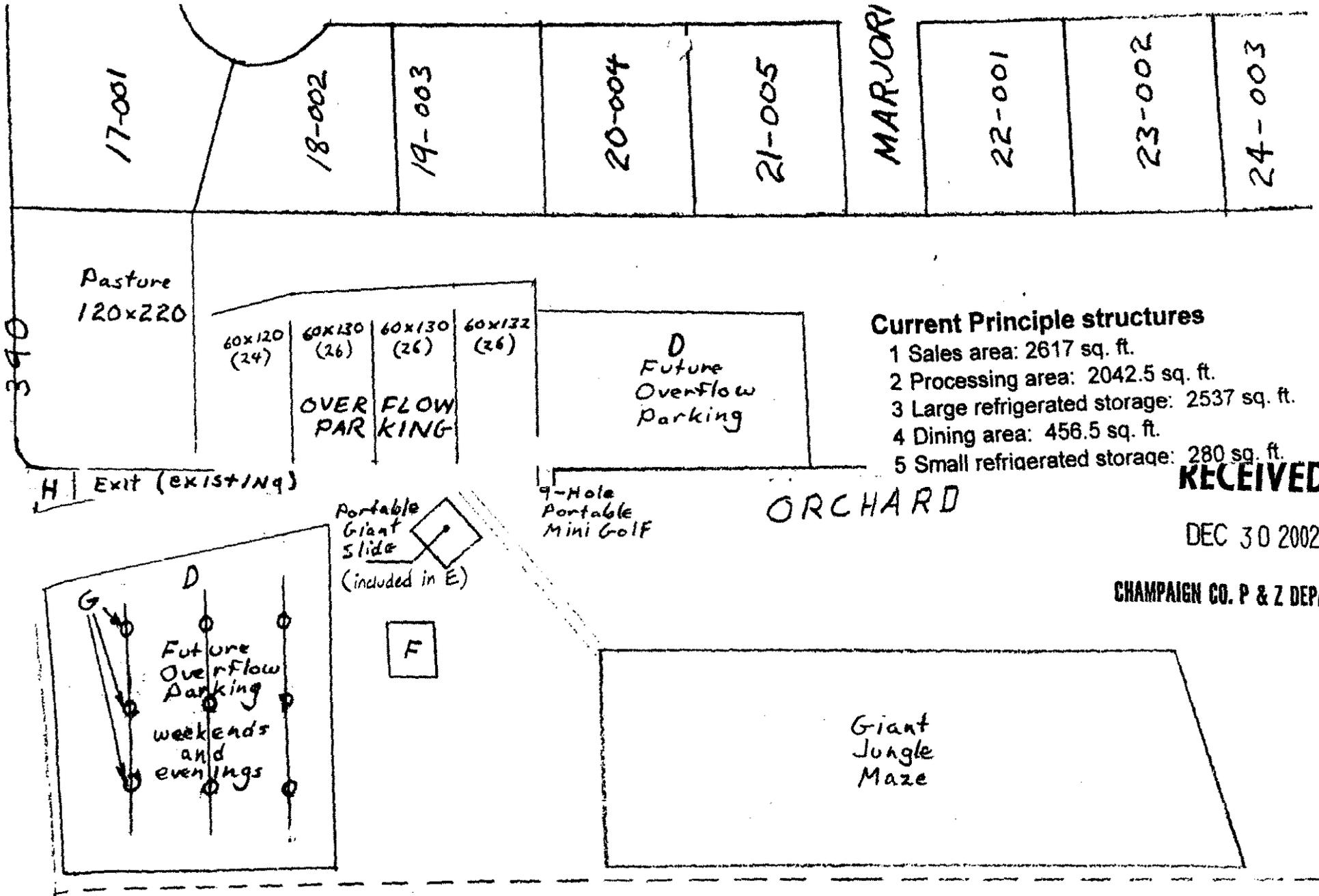
Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____

29



Current Principle structures

- 1 Sales area: 2617 sq. ft.
- 2 Processing area: 2042.5 sq. ft.
- 3 Large refrigerated storage: 2537 sq. ft.
- 4 Dining area: 456.5 sq. ft.
- 5 Small refrigerated storage: 280 sq. ft.

RECEIVED

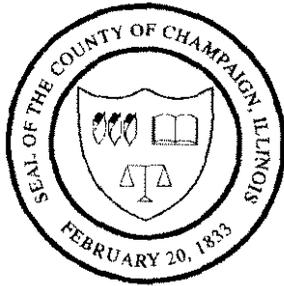
DEC 30 2002

CHAMPAIGN CO. P & Z DEPARTM

CURTIS ORCHARD SITE PLAN

01-30-2003

20-0



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-03D-7
\$30.00

NOT TRANSFERABLE

GORDYVILLE LLC

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

License No. 2008-030-7

Date(s) of Event(s) Jan 3-5, 2008

Business Name: Codyville LLC

License Fee: \$ 30.00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 34.00

Checker's Signature: mr.

FILED

Filing Fees: NOV 14 2007
Per Year (or fraction thereof):
Per Single-day Event:
Clerk's Filing Fee:

Mark Shelden
CHAMPAIGN COUNTY CLERK

\$ 100.00
 \$ 10.00 x 3 = 30
 \$ 4.00
 30
 + 4
 34

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: Codyville LLC
- 2. Location of Business for which application is made: PO Box 490
- 3. Business address of Business for which application is made: 2205 CR 3000 N, GIFFORD, IL Champaign County
2205 CR 3000 N, GIFFORD, IL 61847
- 4. Zoning Classification of Property: BUSINESS
- 5. Date the Business covered by Ordinance No. 55 began at this location: -
- 6. Nature of Business normally conducted at this location: AUCTIONS,
HORSE SHOWS, FEA MARKETS
- 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): TRACTOR PULL
- 8. Term for which License is sought (specifically beginning & ending dates): JANUARY 3, 4, 5, 2008

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

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

ALL EVENTS IN NORTH AREA BUILDING

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

Recreation & Entertainment License Application
Page Two

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: *NA*

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. *NA*
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: Gordville LLC
2. Date of Incorporation: _____ State wherein incorporated: ILLINOIS

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:

5. Objects of Corporation, as set forth in charter: AUCTIONS, HORSE SHOWS, FFA MARKETS, ETC.

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

Name of Officer: Johanna M. Pruitt Title: PART OWNER
Date elected or appointed: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: Champaign, IL
Citizenship: USA
If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: 2104 Wiggins St.
Champaign IL 61822
2104 Emerald Dr
Champaign IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: PARTNER/EMPLOYED BY GARDYONE LLC

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.
40 ACRES PARKING.
EVENT ALL INDOOR.

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:

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: JAMES J. HANNON Title: JOINT OWNER

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

Date of Birth: _____ Place of Birth: Champaign IL 61847

Citizenship: USA

If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: _____

201 E Summit
Champaign IL 61847

Business, occupation, or employment for four (4) years preceding date of application for this license: Corpy LLC - Auctioneer - Manager

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.
40 ACRES PARKING.
EVENT ALL INDOOR.

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:

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: JOHN G. HANNAGAN JR Title: PART OWNER
Date elected or appointed: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: Champaign, IL
Citizenship: USA
If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: _____

2444 CR 2700N
SIFFORD, IL 61847

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

SELF EMPLOYED FARMER
COMP. BY BONDVILLE LLC

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.
40 ACRES PARKING.
EVENT ALL INDOOR.

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:

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: PATRICIA A. FRIEDS Title: Part owner

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

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

Citizenship: USA

If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: _____

2757 CR 2100N
Opden, IL

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

SELF EMPLOYED - NAUTICIAN
BERYLICE LLC

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.
40 ACRES PARKING.
EVENT ALL INDOOR.

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:

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: EDWARD F. HANNABAN Title: PART OWNER

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

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

Citizenship: USA

If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: 209 S. NEW

GIFFORD, IL 61847

Business, occupation, or employment for four (4) years preceding date of application for this license: EMPLOYED BY BUNBEE CORP.

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.

40 ACRES PARKING.

EVENT ALL INDOOR.

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:

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: MARY E. HANNAGAN Title: MANAGER - part owner
Date elected or appointed: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: Champaign IL
Citizenship: USA
If naturalized, place and date of naturalization: NA

Residential Addresses for past three (3) years: 2451 CR 2800N
Reynolds, IL 61862

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

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.

NO OUTDOOR AREA TO BE USED EXCEPT FOR PARKING.
40 ACRES PARKING.
EVENT ALL INDOOR.

Recreation & Entertainment License Application
Page Four

AFFIDAVIT

(Complete when applicant is an Individual or Partnership)

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

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

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.

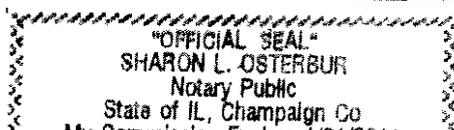
Mary Hannagan
Signature of President

[Signature]
Signature of Secretary

na

Signature of Manager or Agent

Subscribed and sworn to before me this 27th day of August, 2007.



[Signature]
Notary Public

This COMPLETED application along with the appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN COUNTY 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: 11-14-07
- 2. Fee Amount Received: 34.00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT Jim Doger

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/04/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-4 ZONING Signature: [Signature] ZONING ADMINISTRATOR

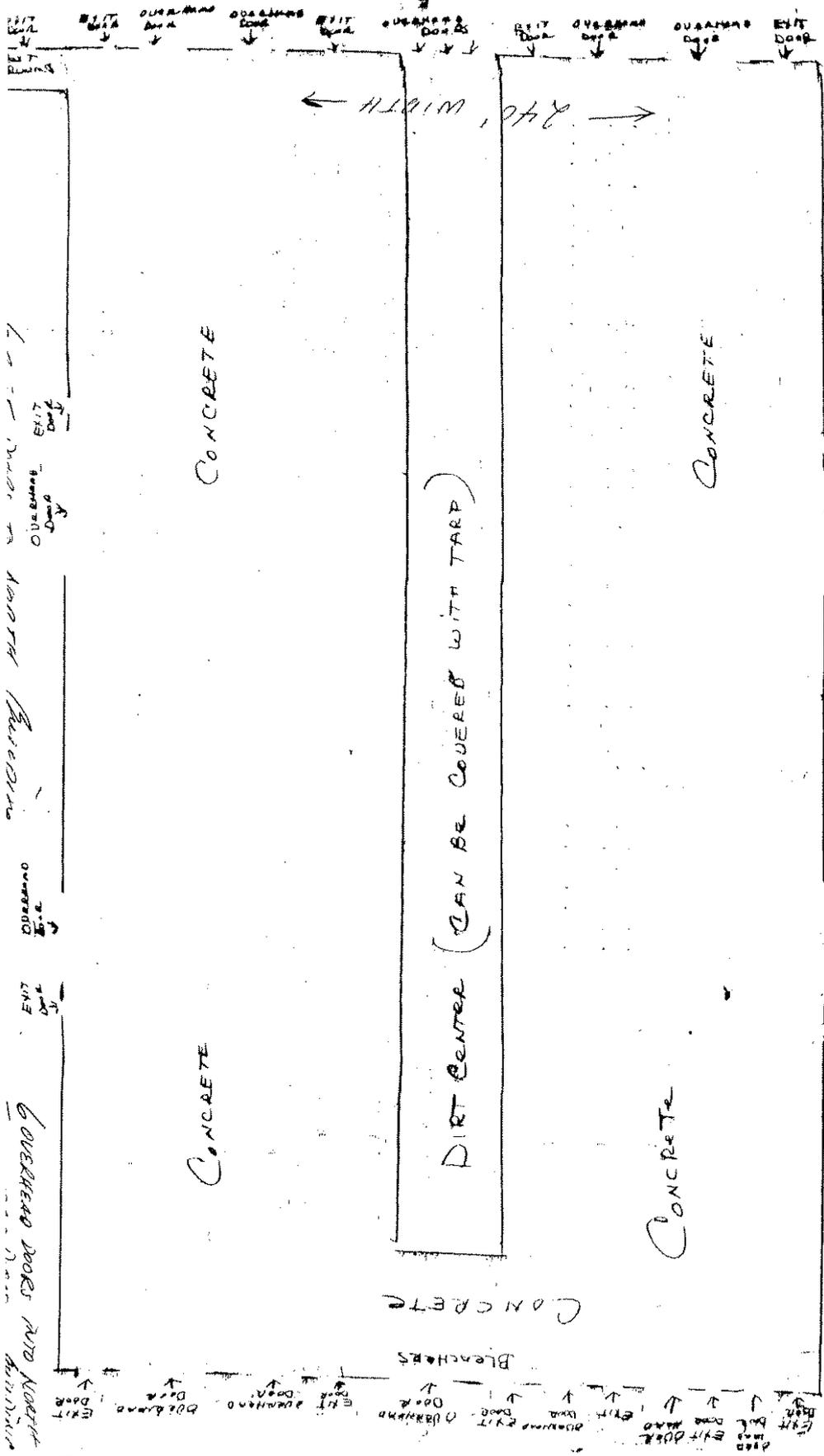
Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____

South
← 200' →



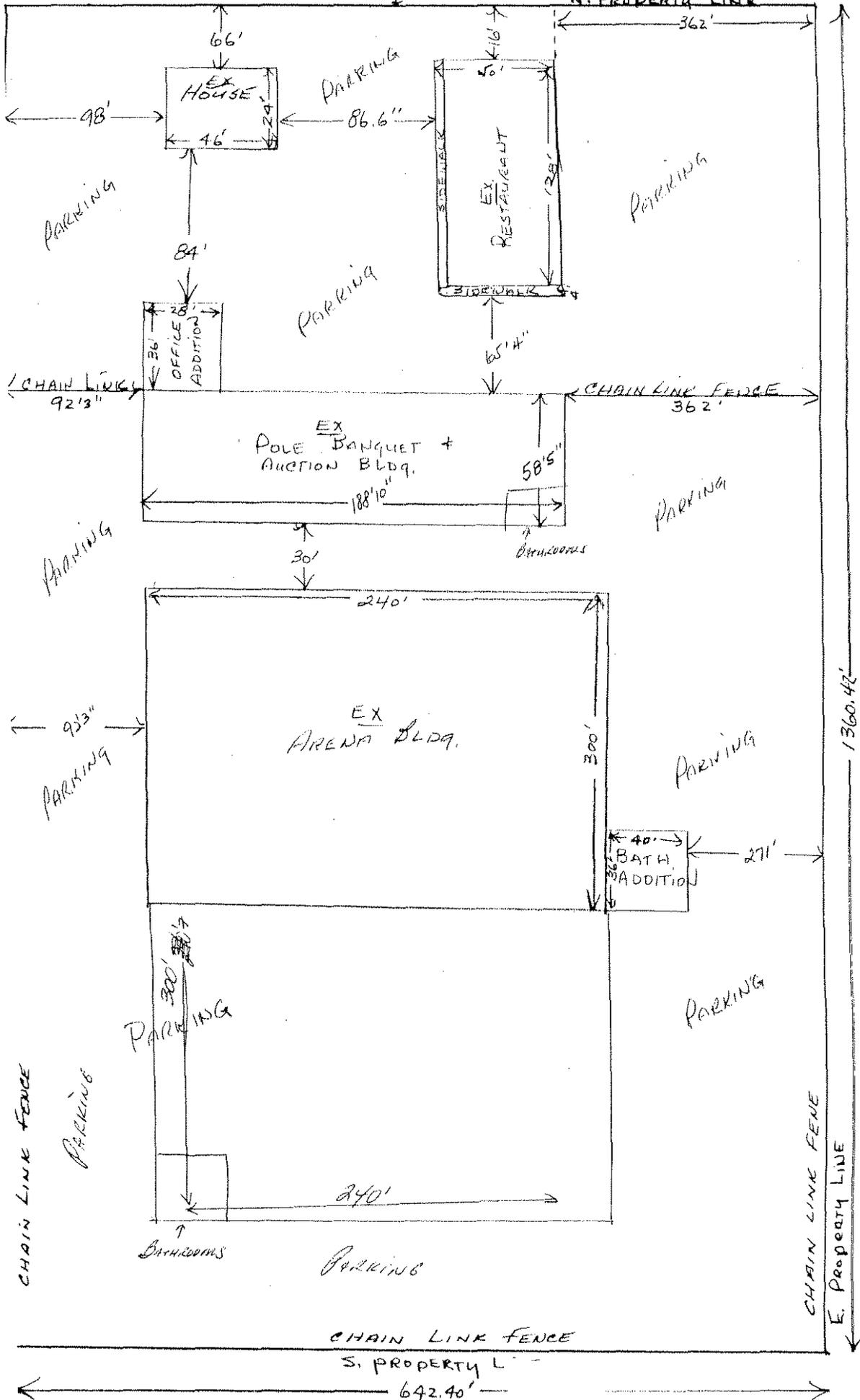
West
← 300' →

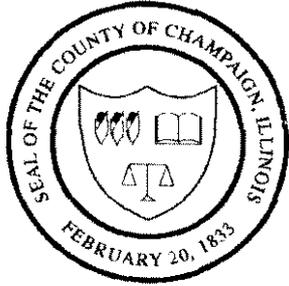
8400 square ft floor
South Building
North

CENTER U.S. ROUTE 136

61.25'

N. PROPERTY LINE





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-ENT-04
\$100.00

NOT TRANSFERABLE

HIDEAWAY OF THE WOODS BAR & GRILL

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

License No. 2008-ENT-04
Date(s) of Event(s) Jan. 1 thru Dec. 31, 2008
Business Name: Hideaway of the Woods Inc.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: _____

FILED

NOV 28 2007

Mark Sheldon
CHAMPAIGN COUNTY CLERK

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 Sheldon, 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: Hideaway of the Woods Grill - Bar
2. Location of Business for which application is made: 809 S Prairieview Rd Mahomet, IL 61853
3. Business address of Business for which application is made: 809 S Prairieview Rd P.O. Box 1158 Mahomet, IL 61853
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: _____
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J. Karaoke Bands
8. Term for which License is sought (specifically beginning & ending dates): 1 year January 1 2008 - December 31 2008
(NOTE: All annual licenses expire on December 31st of each year)
9. Do you own the building or property for which this license is sought? yes
10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: _____
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): Bobby Slade
Date of Birth: _____ Place of Birth: Gibson City
Social Security Number: _____ Citizenship: U.S.
If naturalized, state **place** and **date** of naturalization: _____
2. Residential Addresses for the past three (3) years: 2110 Gunn Dr.
Champaign IL 61821
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Hideaway Restaurant & Bar Inc.

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:

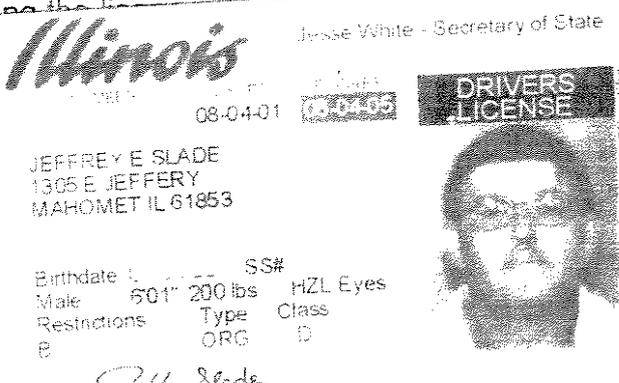
1. Name of Corporation exactly as shown in articles of incorporation and as registered:
Hideaway of the Woods Grill & Bar Inc.
2. Date of Incorporation: _____ ate wherein incorporated: ILLINOIS

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 time the applicant is hired to conduct this business, the information for the new manager or agent within _____

_____ ons must be supplied by the applicant, if an _____ of a partnership, if the applicant is a _____ nation required under Section D must be _____ er.



Illinois
Jesse White - Secretary of State
08-04-01
DRIVERS LICENSE
JEFFREY E SLADE
1305 E JEFFERY
MAHOMET IL 61853
Birthdate: _____ SS# _____
Male 6'01" 200 lbs HZL Eyes
Restrictions Type Class
B ORG D
JE Slade

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): Jeff Slade
Date of Birth: _____ Place of Birth: Gibson City
Social Security Number: _____ Citizenship: U.S.
If naturalized, state place and date of naturalization: _____
- Residential Addresses for the past three (3) years: 1305 Jeffery Dr.
Mahomet IL 61853
- Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: OWNER Imperial Concrete construction

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

Answer only if applicant is a Corporation:

- Name of Corporation exactly as shown in articles of incorporation and as registered: _____
- Date of Incorporation: _____ e wherein incorporated: _____

If this business will be conducted by a person other than the applicant, give the following information about person or locally responsible party of the business:

Name: _____
Place of Birth: _____
Residence Address: _____
Citizenship: _____



01-31-03



ROBERT R SLADE
2110 GUNN DRIVE
CHAMPAIGN IL 61821



Birthdate: _____
Male 6'00" 190 lbs BLUE Eyes
Restrictions Type Class
..... ORG D

Robert R. Slade

If, during the license period, a new manager or agent is appointed, the applicant MUST furnish the County Clerk with the name of the new manager or agent within ten (10) days.

business, the applicant must be a resident of this State for at least 90 days immediately preceding the date of application for this license. If the applicant is a resident of another State, the applicant must be a resident of this State for at least 90 days immediately preceding the date of application for this license. If the applicant is a resident of another State, the applicant must be a resident of this State for at least 90 days immediately preceding the date of application for this license.

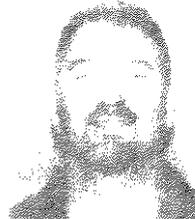
Information requested in the individual, or by all member: partnership.



10-04-02



GARY A COX
1007 BEAVER CREEK LANE
MAHOMET IL 61853



Birthdate: _____ #
Male 5'05" 155 lbs HZL Eyes
Restrictions Type Class
..... COR DM

Gary A. Cox

If the applicant is a corporation, the following information must be supplied for the corporation:

Additional forms containing necessary, for attachment to application.

1. Name(s) of owner(s) or local manager(s) (include any aliases): Nary Cox

Date of Birth: _____ Place of Birth: Champaign

Social Security Number: _____ Citizenship: U.S.

If naturalized, state place and date of naturalization: _____

2. Residential Addresses for the past three (3) years: 1007 Beaver Creek Lane

3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Self employed wholesales car (used)

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

Answer only if applicant is a Corporation:

1. Name of Corporation exactly as shown in articles of incorporation and as registered: _____

2. Date of Incorporation: _____ State wherein incorporated: _____

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:

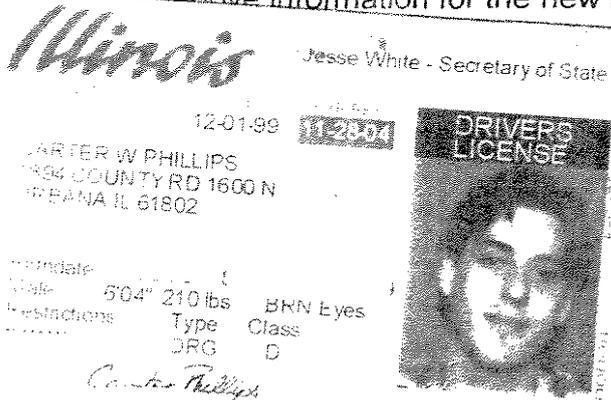
Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, place and date of naturalization: _____

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

Information requested by the applicant, if an individual, or by all members of the partnership, if the applicant is a partnership.

If the applicant is a partnership, the information must be supplied for the corporation.

Additional forms completed by the applicant, if necessary, for attachment to this application form.



by the applicant, if an individual, or by all members of the partnership, if the applicant is a partnership.
If the applicant is a partnership, the information must be supplied for the corporation.
Additional forms completed by the applicant, if necessary, for attachment to this application form.

- Name(s) of owner(s) or local manager(s) (include any aliases): CARTER WILLIAM PHILLIPS
Date of Birth: _____ Place of Birth: CARLE CHAMPAIGN
Social Security Number: _____ Citizenship: _____
If naturalized, state place and date of naturalization: _____
- Residential Addresses for the past three (3) years: 1894 CE 1600 N WREANA IL 61802
- Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: GENERAL MANAGER (RESTAURANT)

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

Answer only if applicant is a Corporation:

- Name of Corporation exactly as shown in articles of incorporation and as registered: _____
- 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: 1983

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

809 S Prairieview Rd. P.O. Box 1158 Mahomet IL.
61853-1158

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: Robert Slade Title: President
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: Restaurant Bar Owner last 24 years

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.

[Handwritten Signature]

Signature of President

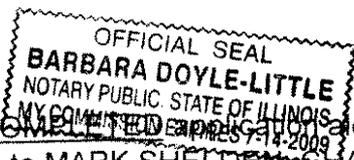
Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 28th day of November, 2007.

[Handwritten Signature]

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. Urb

50

ate amount of cash, or certified check CLERK, must be turned in to the Champaign s 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: 11-28-07
2. Fee Amount Received: 104.00

Sheriff's Department

1. Police Record Approval: _____ Date: 12/2/07
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT Jim Vogel

Planning & Zoning Department

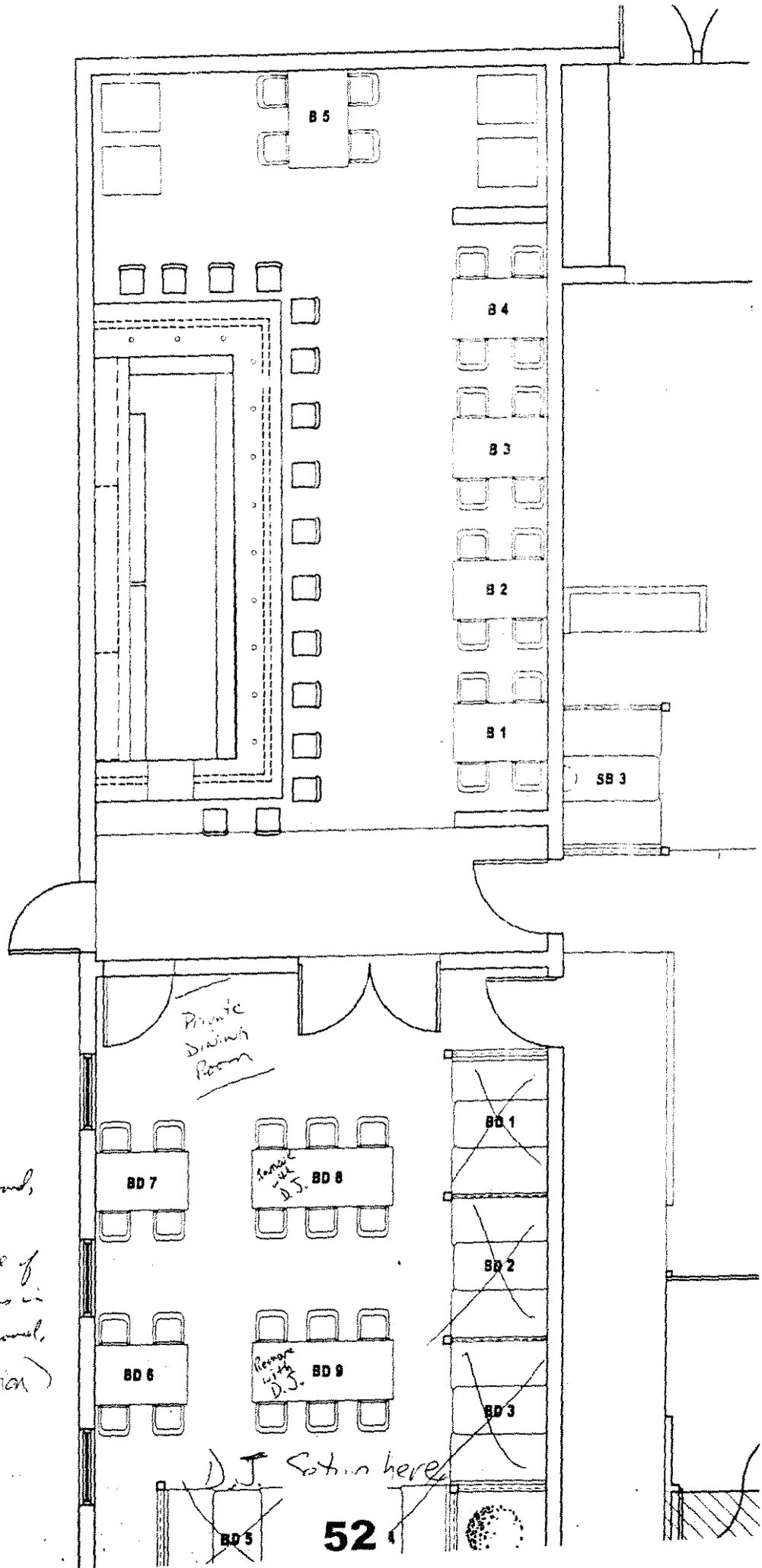
1. Proper Zoning Approval: ✓ Date: 12/04/07
2. Restrictions or Violations Disapproval: _____ Date: _____

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

Environment & Land Use Committee

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

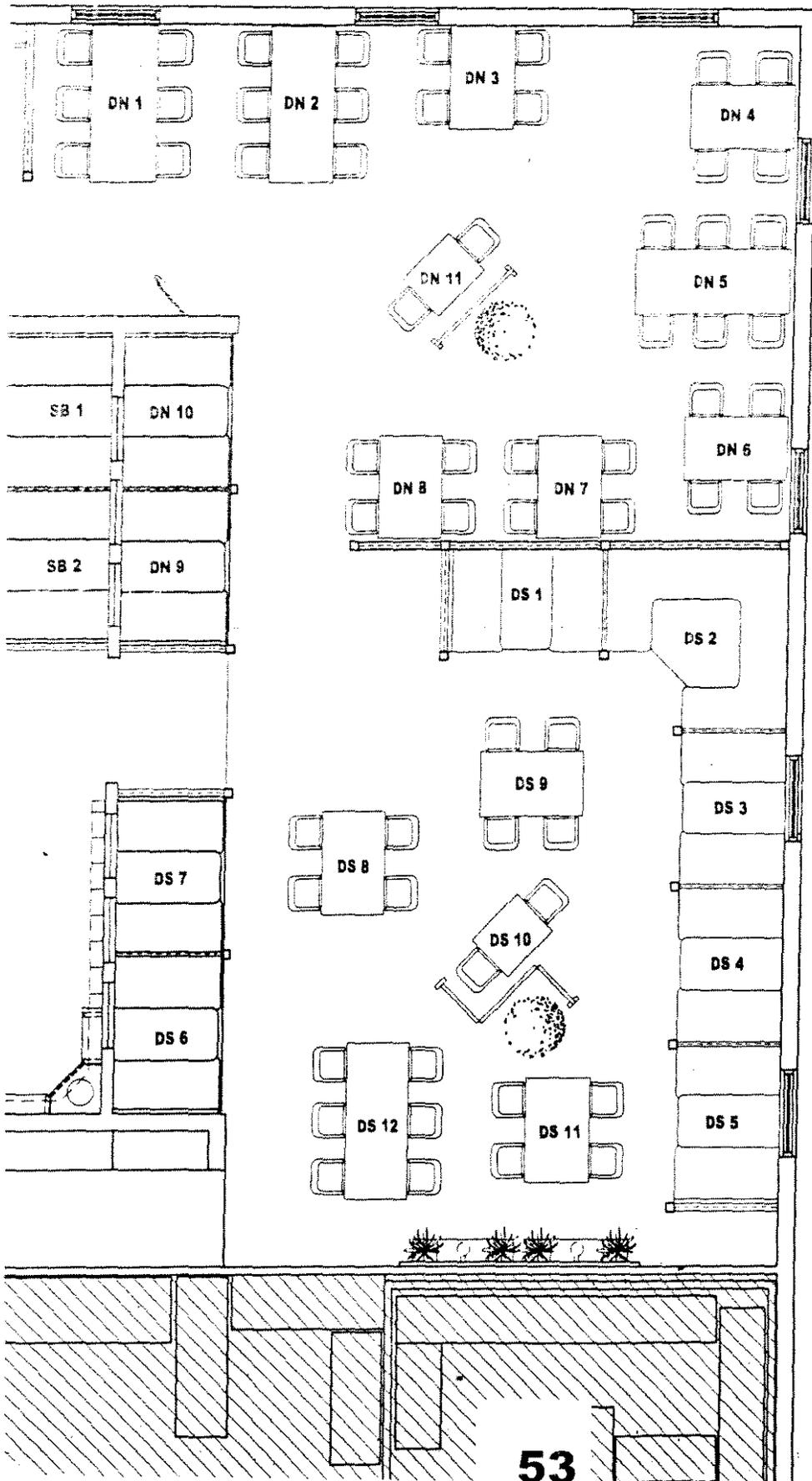
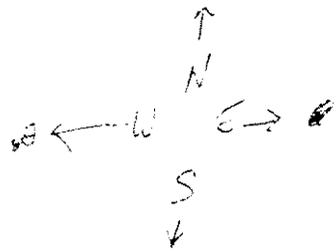
Remarks and/or Conditions: _____



* Booths have been removed,
 now only tables. D.J.
 setup on south wall of
 Private Dining, tables in
 center will be removed.
 (plan from 2006 application)

D.J. Station here

52

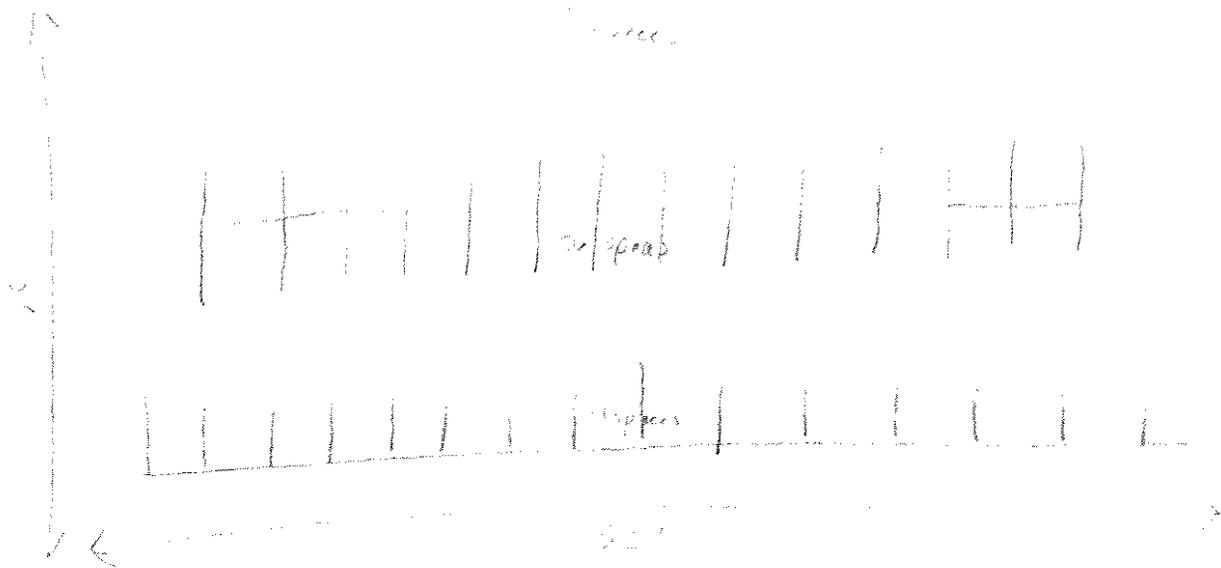


(plan from 2006 renovation)

10000

10000

10000



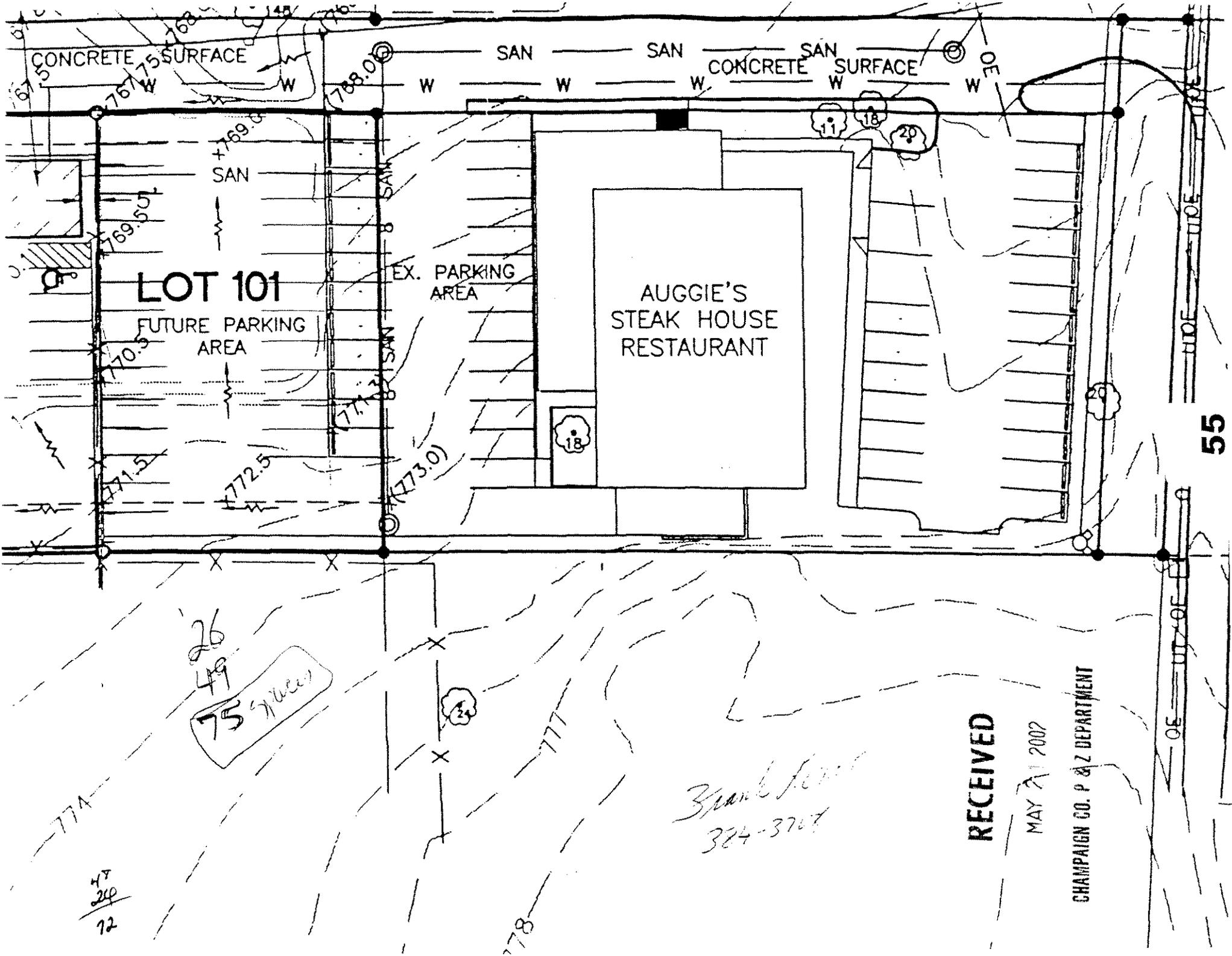
1
 23
 12
 26
 14

 75 (over active)

30000

12 4 02 Park... 2000 feet... 4000 ft

Supers... 10000 feet



LOT 101

FUTURE PARKING AREA

EX. PARKING AREA

AUGGIE'S STEAK HOUSE RESTAURANT

26
49
75
7/16/07

Frank [unclear]
324-3708

RECEIVED

MAY 21 2007

CHAMPAIGN CO. P & Z DEPARTMENT

55

OE UT-OF-EL

HIDE TUBE

CONCRETE SURFACE

CONCRETE SURFACE

SAN

SAN

SAN

SAN

EX.

18

11

18

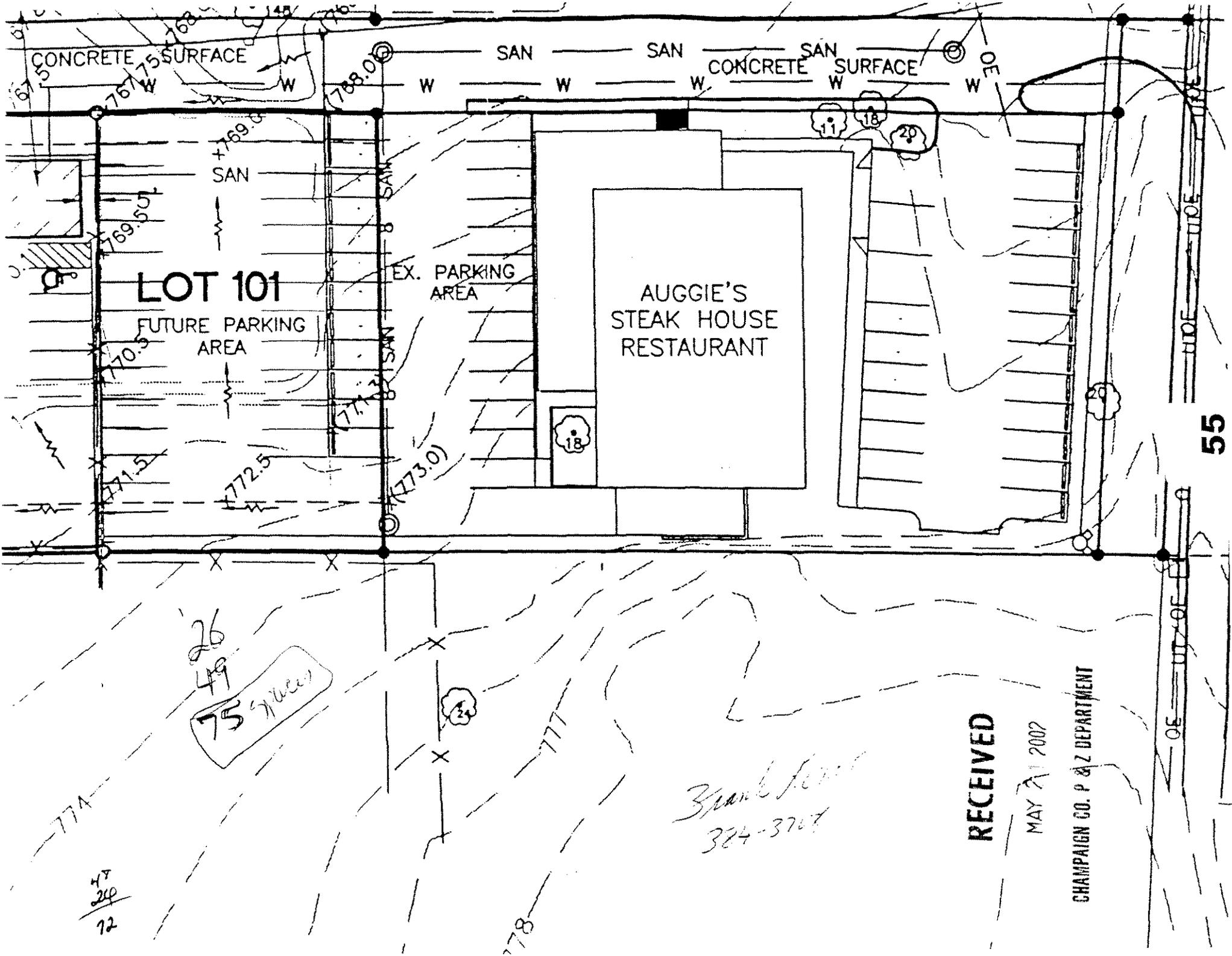
20

20

23

47
240
72

178





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-Ent-05
\$100.00

NOT TRANSFERABLE

HONEY BEE PRODUCTIONS, INC
DBA
MALIBU BAY LOUNGE

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

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

MARK SHELDEN
County Clerk

Chairman, Champaign County License Commission



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

FILED
NOV - 6 2007

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. 2008-ENT-05
Date(s) of Event(s) Jan. 1, thru Dec. 31, 2008
Business Name: Honeybee Productions Inc.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: MS

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

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

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

- A.
1. Name of Business: HONEYBEE PRODUCTIONS, INC. MALIBU BAY LOUNGE
 2. Location of Business for which application is made: 3146 N. CLAWINGHAM AVE URBANA
 3. Business address of Business for which application is made: PO BOX 1005 URBANA IL 61803
 4. Zoning Classification of Property: B-4
 5. Date the Business covered by Ordinance No. 55 began at this location: 1991
 6. Nature of Business normally conducted at this location: BAR / TAVERN
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): BANDS, DJ, DANCING, BIRTHDAYS, RECEPTIONS, REUNIONS, MUSIC FESTIVALS, FUNDRAISERS, BIKER MEETINGS, ETC.
 8. Term for which License is sought (specifically beginning & ending dates): JAN. 1, 2008 - DEC 31, 2008
(NOTE: All annual licenses expire on December 31st of each year)
 9. Do you own the building or property for which this license is sought? 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: DOROTHY HINDS Date of Birth: _____
Place of Birth: MEMPHIS TN Social Security No.: _____
Residence Address: 1791 INDEPENDENCE URBANA IL 61802
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:
HONEY BEE PRODUCTION, INC
2. Date of Incorporation: 1991 State wherein incorporated: IL

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:

3100 N. CUNNINGHAM AVE
URBANA IL 61802

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

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

Name of Officer: DOROTHY HINDS Title: SECRETARY

Date elected or appointed: 1991 Social Security No.: _____

Date of Birth: _____ Place of Birth: MEMPHIS TN

Citizenship: _____

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

1791 INDEPENDENCE AVE / URBANA IL 61802

Business, occupation, or employment for four (4) years preceding date of application for this license: OWNER, MGR MALIBU BAY LOUNGE

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.

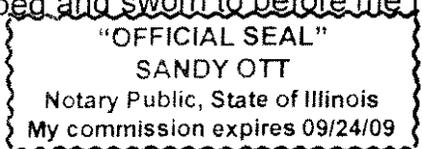
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Sandy Ott ✓
Signature of President

Dorothy Hunt
Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 6 day of November, 2007.



Sandy Ott
Notary Public

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

ate amount of cash, or certified check
CLERK, must be turned in to the Champaign
s 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: 11-6-07
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: Carol Jim Voqua

Planning & Zoning Department

- 1. Proper Zoning Approval: Date: 12/04/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B-4 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____

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

IN THE MATTER OF THE ESTATE)

OF ISAAC MAPSON, Deceased.)

FILED

SIXTH JUDICIAL CIRCUIT

No. *06 P 63*
MAR 28 2006

ORDER APPOINTING REPRESENTATIVE

J. Linda S. Frenzel
CLERK OF THE CIRCUIT COURT
CHAMPAIGN COUNTY, ILLINOIS

IT IS ORDERED THAT Letters of Administration issue to SANDY MAPSON.

DATE SIGNED: MAR 28 2006

ENTER: _____

Chase Leonard
Associate Judge
Judge

8.16 ACKED

GRASS
FIELD



FENCED
IN
AREA

COOLER

EMERGENCY
EXIT

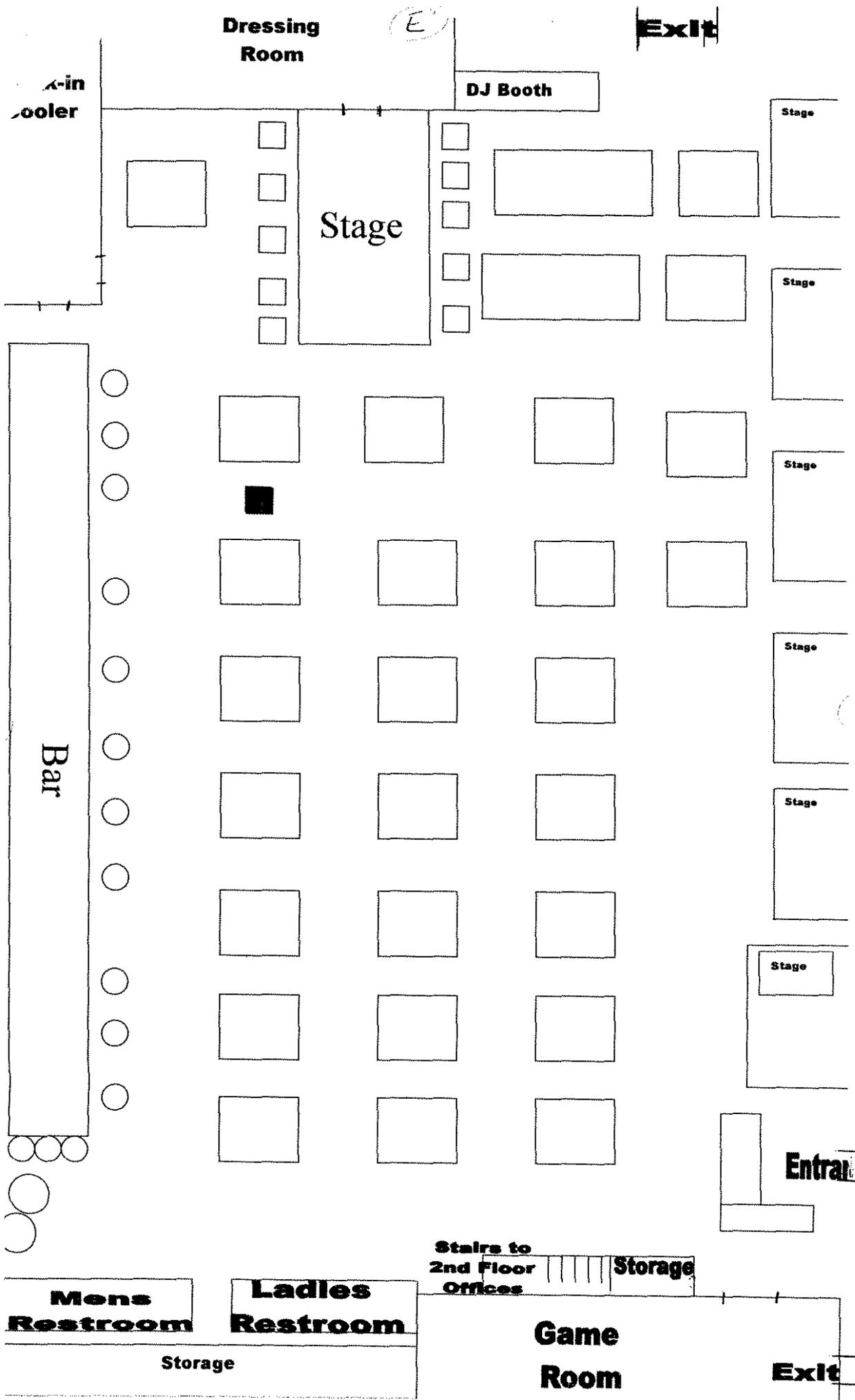
ASPHALT
PARK LOT

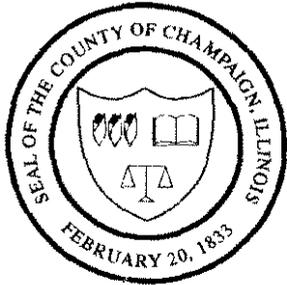
MAIN
ENTRANCE

STAIRS TO
UPSTAIRS
OFFICES

OUT
BUILT
STORAGE

RT 45





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-ENT-12
\$100.00

NOT TRANSFERABLE

LAKE OF THE WOODS BAR AND GRILL

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

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

MARK SHELDEN
County Clerk

Chairman, Champaign County License Commission



STATE OF ILLINOIS
 Champaign County
 Application for: Mark Shelden
 Recreation & Entertainment License
 CHAMPAIGN COUNTY CLERK

FILED

OCT 30 2007

For Office Use Only

License No. 2008-ENT-12
 Date(s) of Event(s) Jan. 1 thru Dec. 31, 2008
 Business Name: Lake of the Woods Bar & Ligu
 License Fee: \$ 100.00
 Filing Fee: \$ 4.00
 TOTAL FEE: \$ 104.00
 Checker's Signature: M.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)

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 WOODS
 2. Location of Business for which application is made: 204 S. PRAIRIEVIEW RD. 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 & BAR
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J., KARAOKE, SMALL JAZZ BANDS
 8. Term for which License is sought (specifically beginning & ending dates): JAN. 1 - DEC. 31, 2008
 (NOTE: All annual licenses expire on December 31st of each year)
 9. Do you own the building or property for which this license is sought? NO
 10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: PARK HILL ENTERPRISES P.O. BOX 6715, CHAMPAIGN, ILL. 61826-6715
 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 ILL. Social Security No.: _____
Residence Address: 501 W. MAIN, MAHOMET, ILL.
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 ZINDARS
MILDRED ZINDARS
Date of Birth: _____ Place of Birth: CHAMPAIGN COUNTY
Social Security Number: _____ YES
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: 2102 FOYEL RD.
MAHOMET, ILL. 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: LAKE OF WOODS PKG. & BAR
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 & LIQUOR, 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. PRAIRIEVIEW RD
MAHOMET, ILL. 61853

5. Objects of Corporation, as set forth in charter: PACKAGE LIQ SALES, BAR

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

Name of Officer: GARRY ZINDARS Title: PRESIDENT
Date elected or appointed: 1/29/82 Social Security No.: _____
Date of Birth: _____ Place of Birth: CHAMPAIGN
Citizenship: US
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 2102 FOGEL RD

Business, occupation, or employment for four (4) years preceding date of application for this license: LAKE OF WOODS BAR LIQUORS & 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 ATI - PLEASE

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.

Harry L. Zindars

Signature of President

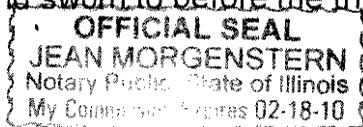
Mildred Zindars by POA

Signature of Secretary

Brenda Burns
Brenda Burns

Signature of Manager or Agent

Subscribed and sworn to before me this 30 day of October, 2007.

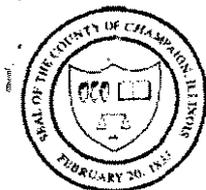


Jean Morgenstern

Notary Public

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

amount of cash, or certified check
69 RK, must be turned in to the Champaign
802. 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: _____

2. Fee Amount Received: _____

Sheriff's Department

1. Police Record Approval: _____ Date: 11/29/07

2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: Capt. Jim Vogt

Planning & Zoning Department

1. Proper Zoning Approval: Date: 12/01/07

2. Restrictions or Violations Disapproval: _____ Date: _____

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

Environment & Land Use Committee

1. Application Complete Approval: _____ Date: _____

2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____



SERVICES PROGRAMS PRESS PUBLICATIONS DEPARTMENTS CONTACT

CORPORATION FILE DETAIL REPORT

Entity Name	LAKE-OF-THE-WOODS BAR & LIQUORS, INC.	File Number	52633729
Status	GOODSTANDING		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	01/29/1962	State	ILLINOIS
Agent Name	ROBERT W DODD	Agent Change Date	01/14/2002
Agent Street Address	303 S MATTIS 201	President Name & Address	GARRY ZINDARS 2102 FOGEL RD MAHOMET 61853
Agent City	CHAMPAIGN	Secretary Name & Address	MILDRED ZINDARS SAME
Agent Zip	61821	Duration Date	PERPETUAL
Annual Report Filing Date	12/19/2006	For Year	2007

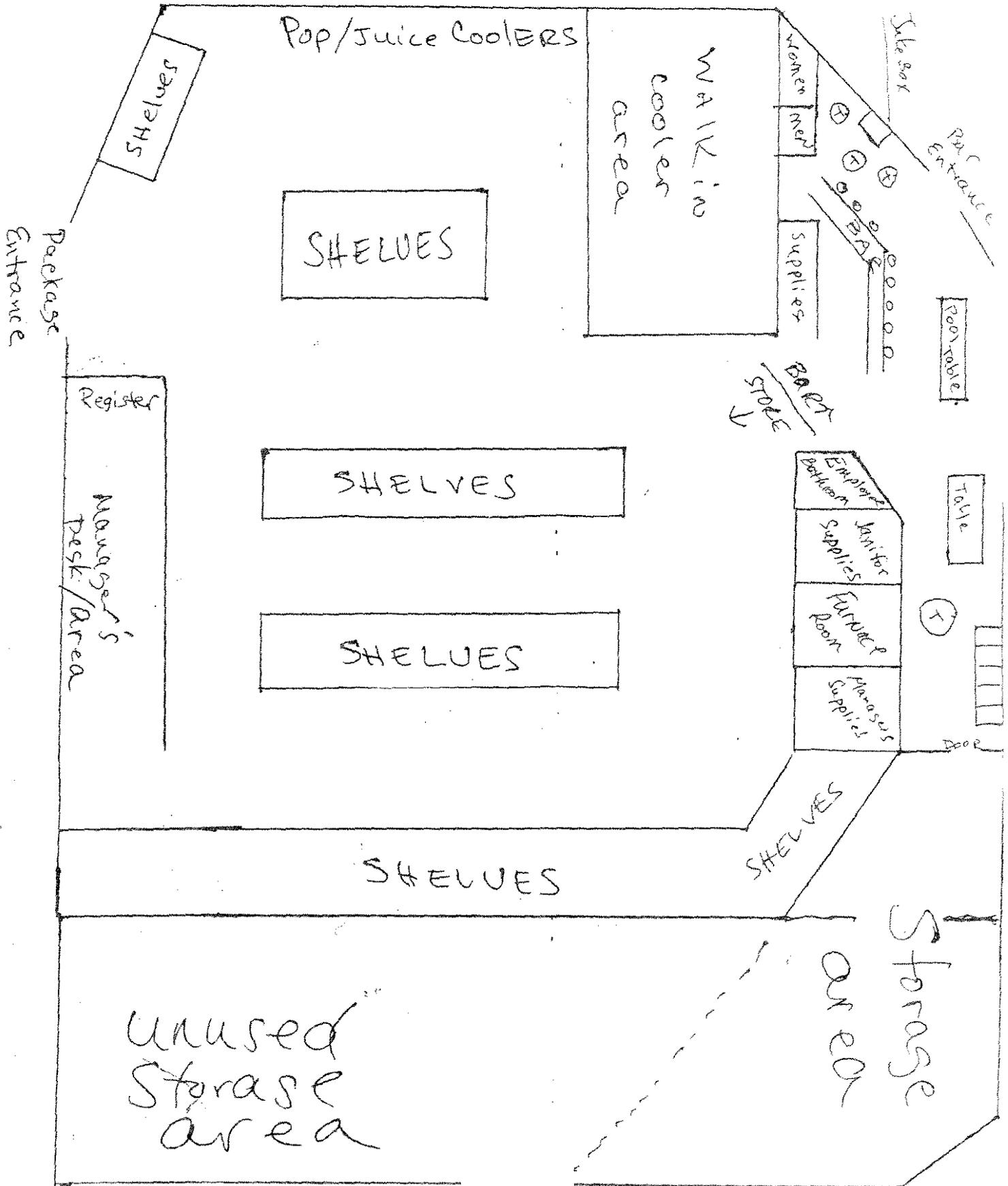
[Return to the Search Screen](#)

(One Certificate per Transaction)

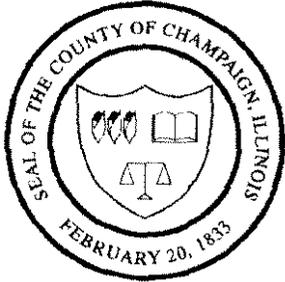
[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](http://www.ilsos.gov)

Parking Lot

April 2004



back of the Woods Bar & Lounge



**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

**ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE**

**No. 2008-ENT-11
\$100.00**

NOT TRANSFERABLE

LAST CALL FOR ALCHOL, INC.

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

FILED
OCT 31 2007

For Office Use Only

License No. 2008-ENT-11
Date(s) of Event(s) Jan. 1, thru Dec. 31, 2008
Business Name: Last Call for Alcohol Inc
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: Last Call for Alcohol, Inc
2. Location of Business for which application is made: 105 Main St. Penfield IL 61862
3. Business address of Business for which application is made: 105 Main St. Penfield IL 61862
4. Zoning Classification of Property: Commercial
5. Date the Business covered by Ordinance No. 55 began at this location: 8-21-06
6. Nature of Business normally conducted at this location: BAR
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): Bands, DJ & KARAOKE
8. Term for which License is sought (specifically beginning & ending dates): JAN 1, 2008 - DEC 31, 2008

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

9. Do you own the building or property for which this license is sought? NO
10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: HBE-217
602 N. Country Fair Dr. Champaign IL 61821
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: Sheri Kaufman Date of Birth: _____
Place of Birth: Paxton IL Social Security No.: _____
Residence Address: 116 East St. Penfield IL 61862
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): _____
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:
LAST Call for Alcohol, Inc.
2. Date of Incorporation: 8-21-06 in wherein incorporated: IL

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:

105 N. Main St.
Penfield IL. 61862

5. Objects of Corporation, as set forth in charter: 8-21-06

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

Name of Officer: Sheri Kaufman Title: President
Date elected or appointed: 8-21-06 Social Security No.: _____
Date of Birth: _____ Place of Birth: Paxton, IL
Citizenship: US
If naturalized, **place** and **date** of naturalization: _____

Residential Addresses for past three (3) years: 116 East St.
Penfield IL. 61862

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.

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.

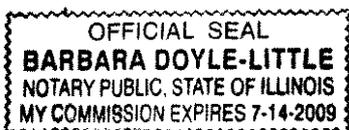
Shari Kaufman

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 31 day of Oct, 2007.

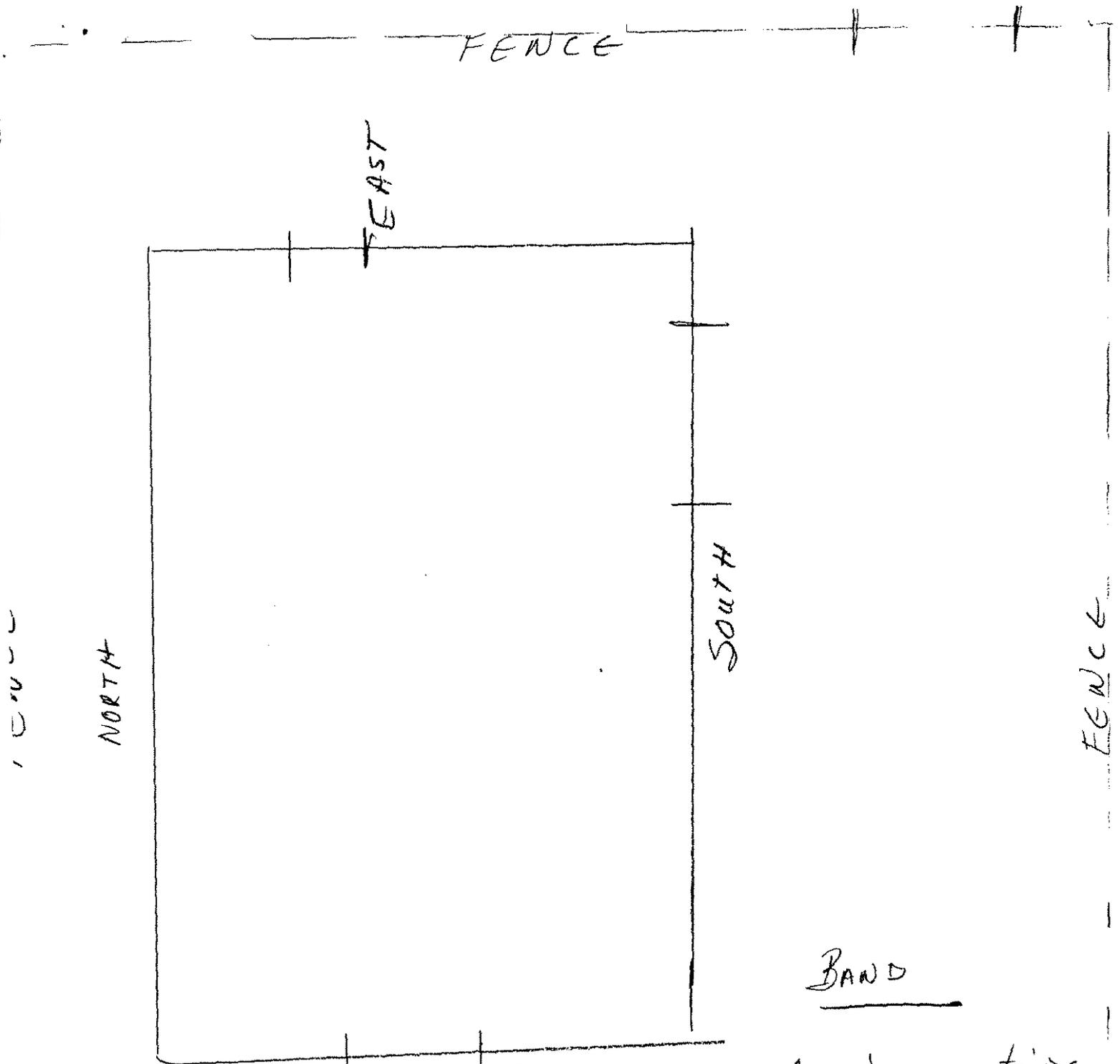


Barbara Doyle-Little

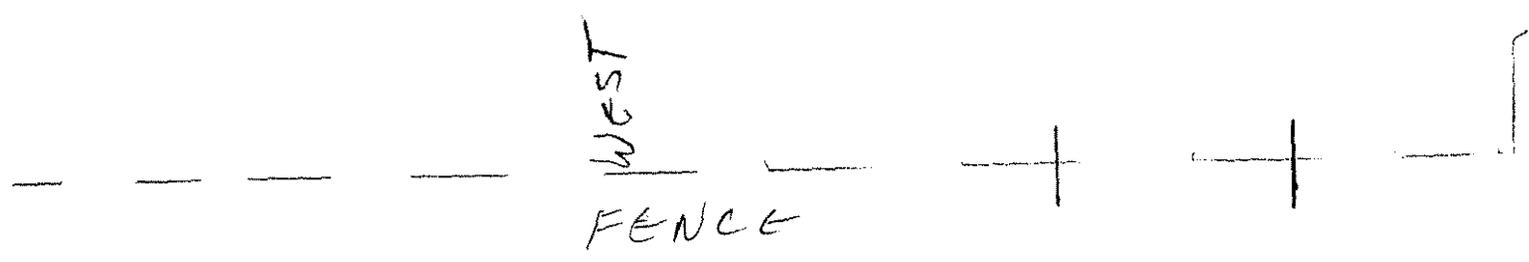
Notary Public

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

te amount of cash, or certified check LERK, must be turned in to the Champaign 61802. A \$4.00 Filing Fee should be included.

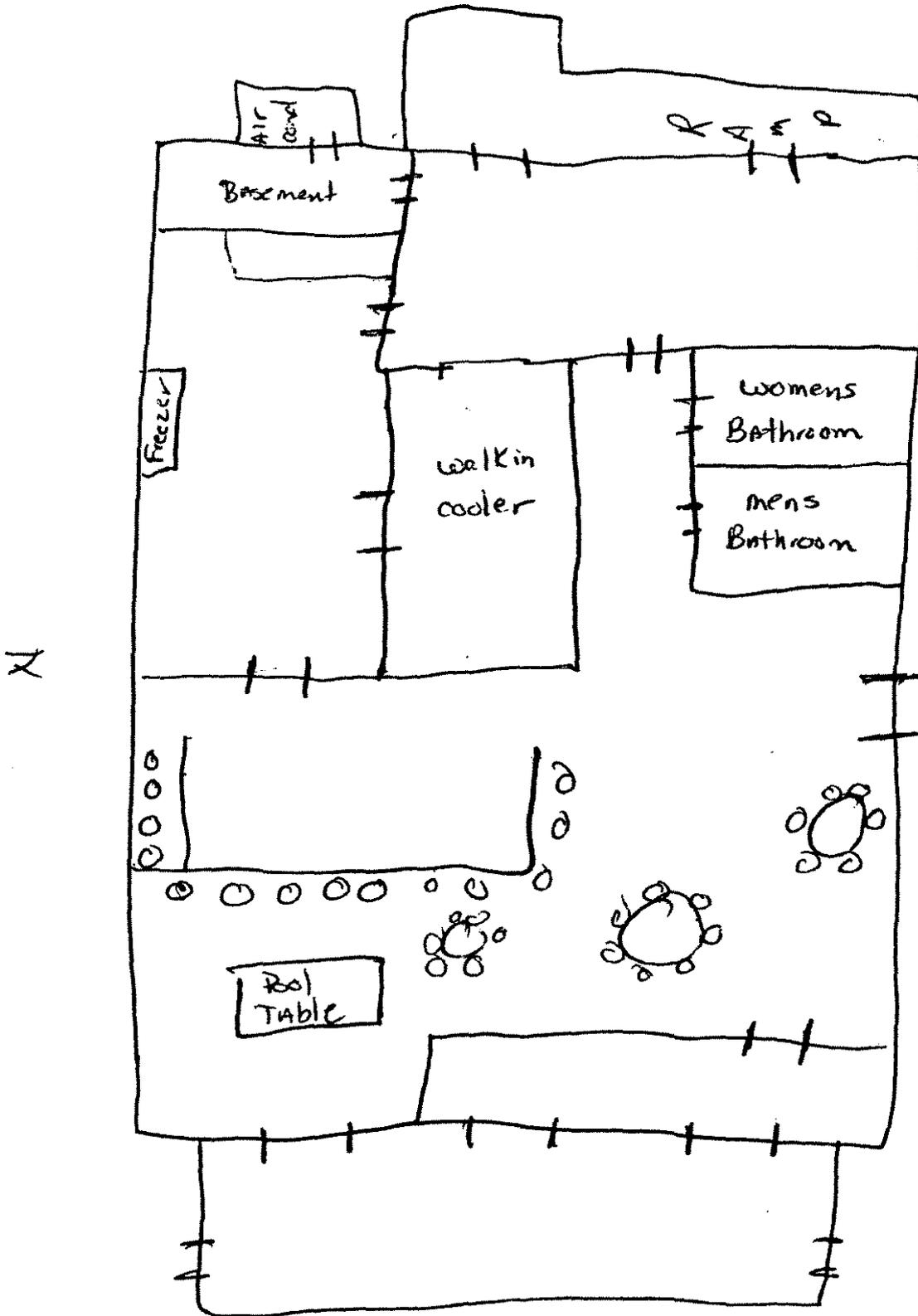


all outside AREA is fenced in during outside events



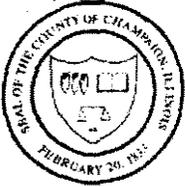
DRAWING

6



Wayview RD

v



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: 10-31-07
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT Jim Duggan

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/04/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

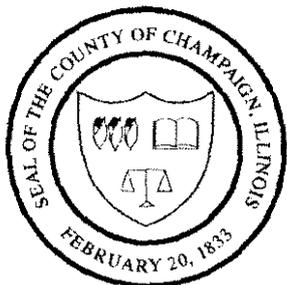
Remarks: B-5 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

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. 2008-ENT-09
\$100.00

NOT TRANSFERABLE

**KAMS OF ILLINOIS LLC
DBA
PINK HOUSE**

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

License No. 2008-ENT-09
Date(s) of Event(s) Jan. 1, thru Dec. 31, 2008
Business Name: Kams of Illinois Inc.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: ms

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

FILED
OCT 30 2007

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

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

- A. 1. Name of Business: KAMS OF ILLINOIS LLC DBA PINK HOUSE
 2. Location of Business for which application is made: 2698 CR 1600 N OGDEN, IL 61859
 3. Business address of Business for which application is made: PO BOX 844 URBANA, IL 61803
 4. Zoning Classification of Property: B-4
 5. Date the Business covered by Ordinance No. 55 began at this location: 12/31/02
 6. Nature of Business normally conducted at this location: RESTAURANT/ TAVERN
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ/LIVE MUSIC/JUKEBOX/KARAOKE/TV/VIDEO
 8. Term for which License is sought (specifically beginning & ending dates): 1/1/08 - 12/31/08 ARCADE GAMES
- (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: PINK LAND LLC
602 N. COUNTRY FAIR DR. CHAMPAIGN, IL 61821 EXP 12/31/07
 11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various 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): SCOTT D. COCHRANE
 Date of Birth: _____ Place of Birth: CHAMPAIGN-URBANA, IL
 Social Security Number: _____ Citizenship: USA
 If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: _____
1602 BENTBROOK CT, CHAMPAIGN, IL 61822
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: OWNER/OPERATOR OF EIGHT (8) SIMILAR food + beverage businesses in Champaign and Urbana, Illinois

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: KAMS OF ILLINOIS LLC
2. Date of Incorporation: 6/28/02 State wherein incorporated: IL

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

Give first date qualified to do business in Illinois: 6/28/02

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

214 W. MAIN ST.
URBANA, IL 61801

5. Objects of Corporation, as set forth in charter: TO ACQUIRE, OWN, LEASE AND SELL REAL ESTATE AND FOR ANY LAWFUL PURPOSE for which a company may be organized under this act.

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

Name of Officer: SCOTT D. COCHRANE Title: MEMBER/MANAGER OF THE
Date elected or appointed: 6/28/02 Social Security No.: _____
Date of Birth: _____ Place of Birth: CHAMPAIGN-URBANA, IL
Citizenship: USA
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

1002 BENTBROOK CT, CHAMPAIGN, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for this license: OWNER/OPERATOR OF EIGHT (8) SIMILAR FOOD/ BEVERAGE ESTABLISHMENTS in Champaign and Urbana, 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

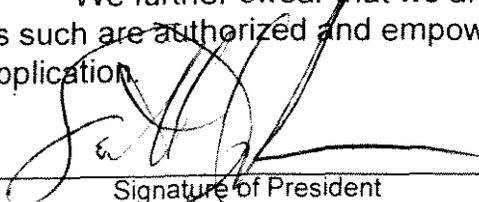
AFFIDAVIT

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

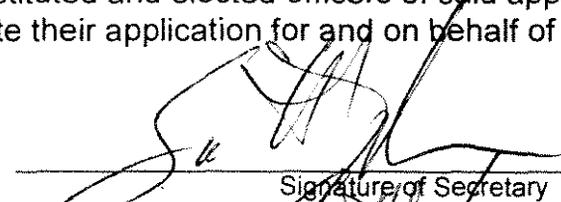
We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose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

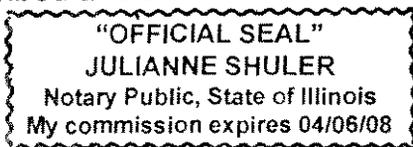


Signature of Secretary



Signature of Manager or Agent

Subscribed and sworn to before me this 31st day of October, 2007.





Notary Public

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

amount of cash, or certified check
-ERK, must be turned in to the Champaign
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: 10-30-07
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAO Jim Voog

Planning & Zoning Department

- 1. Proper Zoning Approval: Date: 12/04/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B4 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

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

Signature: _____

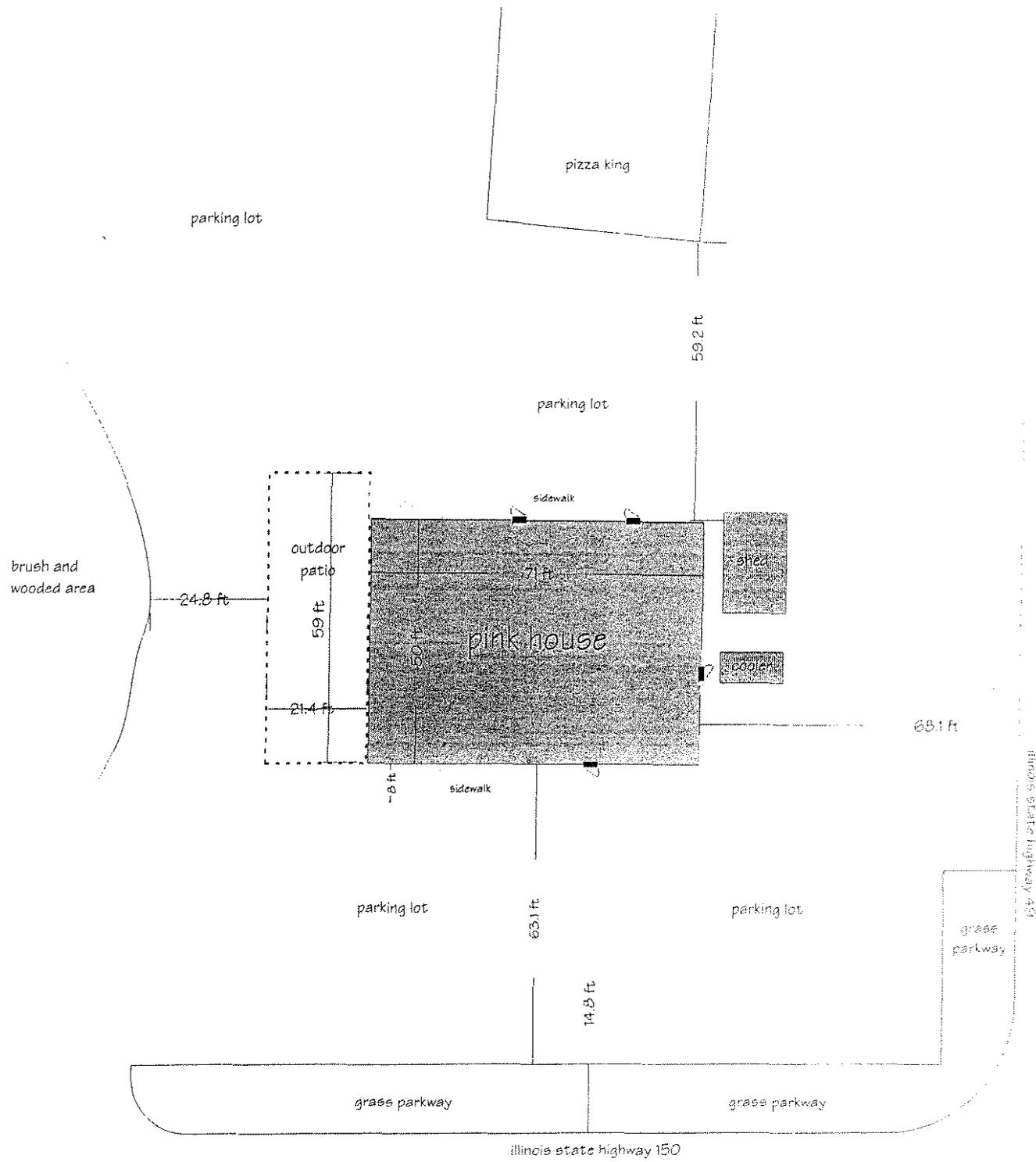
Remarks and/or Conditions: _____

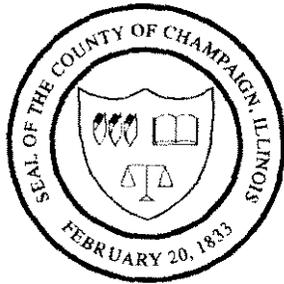
N



site plan

The Pink House
2698 CR 1600 N
Ogden IL 61859





STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,

No. 2008-ENT-06

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

NOT TRANSFERABLE

ROCK the shed, INC.

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

License No. 2008-ENT-06
Date(s) of Event(s) Jan. 1, thru Dec. 31, 2008
Business Name: Rocktheshed Inc.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: ms

FILED
Filing Fees: **OCT 29 2007**
Per Year (or fraction thereof): \$ 100.00
Per Single-day Event: \$ 10.00
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: Rock the shed, Inc.
 2. Location of Business for which application is made: 552 CR 2425 N, Dewey, IL 61840
 3. Business address of Business for which application is made: 552 CR 2425 N Dewey, IL 61840
 4. Zoning Classification of Property: conservation recreation
 5. Date the Business covered by Ordinance No. 55 began at this location: 3/4/05
 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): live music, food (pizza + snack party, waffles)
 8. Term for which License is sought (specifically beginning & ending dates): 1/1/08 thru 12-31-08
(NOTE: All annual licenses expire on December 31st of each year)
 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 Shed, Inc. rock the shed, inc.
2. Date of Incorporation: 3-4-05 e wherein incorporated: IL

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, abstinence from drugs + 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, U of I

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.

Steve Willard
Signature of President

Sherry Smith
Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 25th day of October, 2007.



Carol Kaineg
Notary Public

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

ate amount of cash, or certified check CLERK, must be turned in to the Champaign s 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: 12-29-07
- 2. Fee Amount Received: 104.00

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT Jim Dooan

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 12/04/07
- 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 five performances within any three month period and other zoning req's

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____

Sherry Newton - Secretary
Treasurer

1306 E. Kimela

Mahomet, IL 61853

appointed 3/4/05

SS #

DOB:

Place of birth: India

U.S. Citizen Danville, Court House, 1995

employment: President NG Lyle Companies

Micah Boyce - Vice President

202 W. Kiplin

Cissna Park, IL 60924

appointed: 3/4/05

SS #

DOB:

Place of birth: Urbana, IL

U.S. Citizen

employment: musician

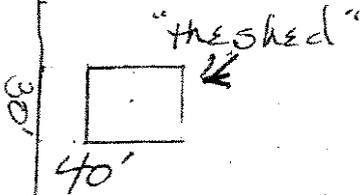
150'

550 East

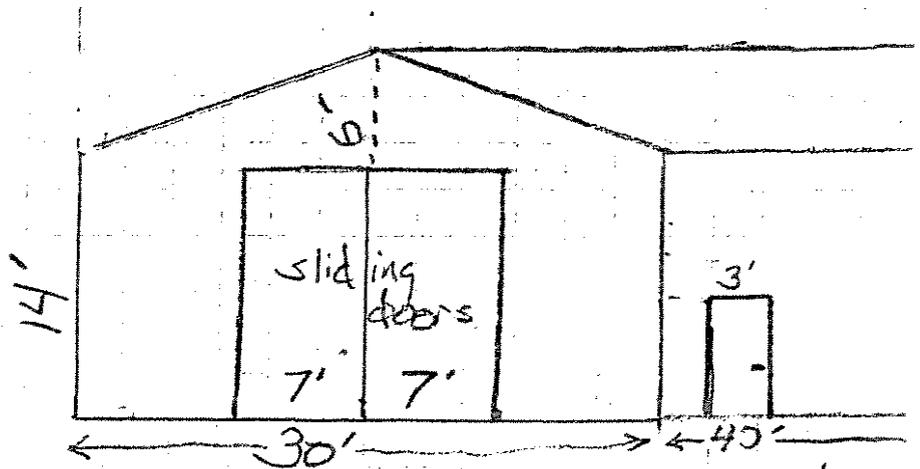
North



CASE # 497-AM-05



480'



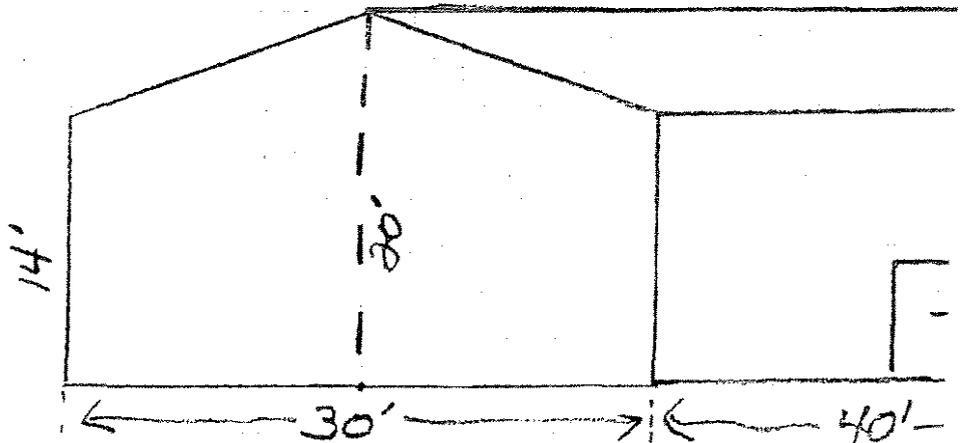
FRONT (North)

Side (West)

1" = 10'

150'

1" = 80'



BACK (South)

Side (East)

CASE# 497-AM-05

10.00

1 = 100

6

-009

29.00

(L) 10
Reel

(Red)
GRASS PAVING
for 40+ vehicles

004
10.00

400

400
500
200

326

302

302

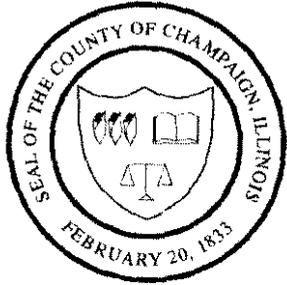
403.77

1
-001

2
-002

3
-003

FARMS
4
-004
430



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,

No. 2008-ENT-01

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

NOT TRANSFERABLE
SHIRLEY'S OASIS

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



FILED
 STATE OF ILLINOIS, **FILED**
 Champaign County **FILED**
 Application for: *Mark Shelden*
 Recreation & Entertainment License
 CHAMPAIGN COUNTY CLERK

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

FILED

For Office Use Only

License No. 2008-ENT-01

Date(s) of Event(s) Jan. 1 thru Dec. 31, 2008

Business Name: Shirley's Oasis

License Fee: \$ 100.00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 104.00

Checker's Signature: MMS

FILED
 Filing Fees: *Mark Shelden* Per Year (or fraction thereof): \$ 100.00
 Per Single-day Event: \$ 10.00
 Clerk's Filing Fee: \$ 4.00
 CHAMPAIGN COUNTY CLERK

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

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

- A. 1. Name of Business: Shirley's Oasis
 - 2. Location of Business for which application is made: 2705 CR 3000 N Penfield, IL 61862
 - 3. Business address of Business for which application is made: Same as above 2705 CR 3000 N Penfield, IL 61862
 - 4. Zoning Classification of Property: _____
 - 5. Date the Business covered by Ordinance No. 55 began at this location: 1/12/07
 - 6. Nature of Business normally conducted at this location: Restaurant + Tavern Food + Spirits, Cooking, Pool Tables, Jukebox, Karaoke, DJ, Band
 - 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ - Karaoke - Band - Amusement Machines - Pool Tables - Jukebox
 - 8. Term for which License is sought (specifically beginning & ending dates): Jan. 1, 2008 Dec. 31, 2008
- (NOTE: All annual licenses expire on December 31st of each year)
- 9. Do you own the building or property for which this license is sought? No
 - 10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: Roxanna Rigdon 571 Yespe Street 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.

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 La Bounty
Shirley Carpenter, Shirley Gallagher, Shirley Johnson
Date of Birth: _____ Place of Birth: Urbana, IL
Social Security Number: _____ Citizenship: U.S. Citizen
If naturalized, state **place** and **date** of naturalization: N/A
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: Lawnmowing Business -- Self-employed

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: _____
2. Date of Incorporation: _____ State wherein incorporated: _____

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:

N/A

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

N/A

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

Name of Officer: N/A

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: _____

N/A

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

? (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 separate
Sheet - Attached
To Back of
Application

AFFIDAVIT

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

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

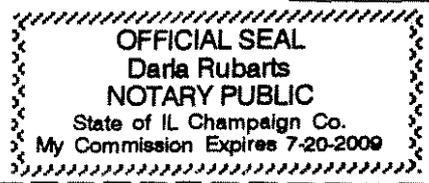
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

[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 25th day of OCTOBER, 2007.



[Signature]
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

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

amount of cash, or certified check RK, must be turned in to the Champaign 802. 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: 10-26-07 m
- 2. Fee Amount Received: \$ 104.00 CK# 77712

Sheriff's Department

- 1. Police Record Approval: _____ Date: 11/28/07
- 2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: CAPT Jim Vogw

Planning & Zoning Department

- 1. Proper Zoning Approval: Date: 12/04/07
- 2. Restrictions or Violations Disapproval: _____ Date: _____

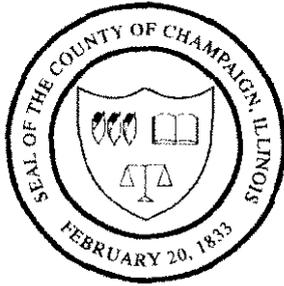
Remarks: B-3 DISTRICT Signature: [Signature] ZONING ADMINISTRATOR

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,

No. 2008-ENT-07

LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

\$100.00

NOT TRANSFERABLE
TINCUP RV PARK INC.

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

For Office Use Only

License No. 2008-ENT-07
Date(s) of Event(s) Jan. 1 thru Dec. 31, 2008
Business Name: Tincup RV Park Inc.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: ms

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

FILED
OCT 30 2007

Checks Must Be Made Payable To: Mark Shelden, Champaign County Clerk *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, IL. 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, 2008 - December 31, 2008

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

9. Do you own the building or property for which this license is sought? yes
10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: NA
11. If any licensed activity will occur outdoors attach a Site Plan (with dimensions) to this application showing location of all buildings, outdoor areas to be used for various 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: Stephen Robinson Date of Birth: _____
Place of Birth: Daytona Beach, FL Social Security No.: _____
Residence Address: 2004 Juniper Drive 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 NC 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 te wherein incorporated: IL

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

NA

Give first date qualified to do business in Illinois: NA

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

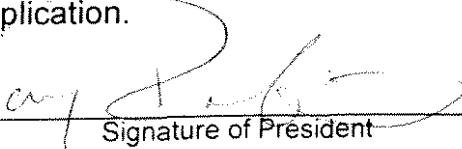
AFFIDAVIT

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

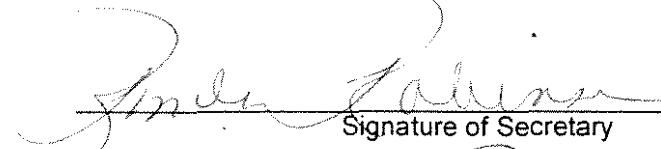
We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose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

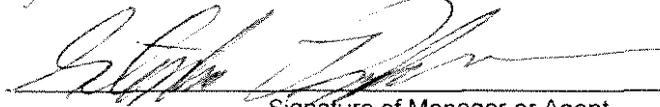
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.



Signature of President

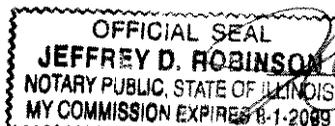


Signature of Secretary



Signature of Manager or Agent

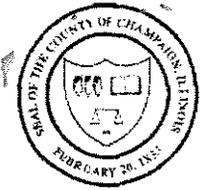
Subscribed and sworn to before me this 1st day of November, 2007.





Notary Public

This COMPLETED application along with the _____ amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN COUNTY 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: 10-30-07
2. Fee Amount Received: 104.00

Sheriff's Department

1. Police Record Approval: _____ Date: 11/29/07
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____

Signature: Casey Jim Vogue

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 12/04/07
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: B3 DISTRICT

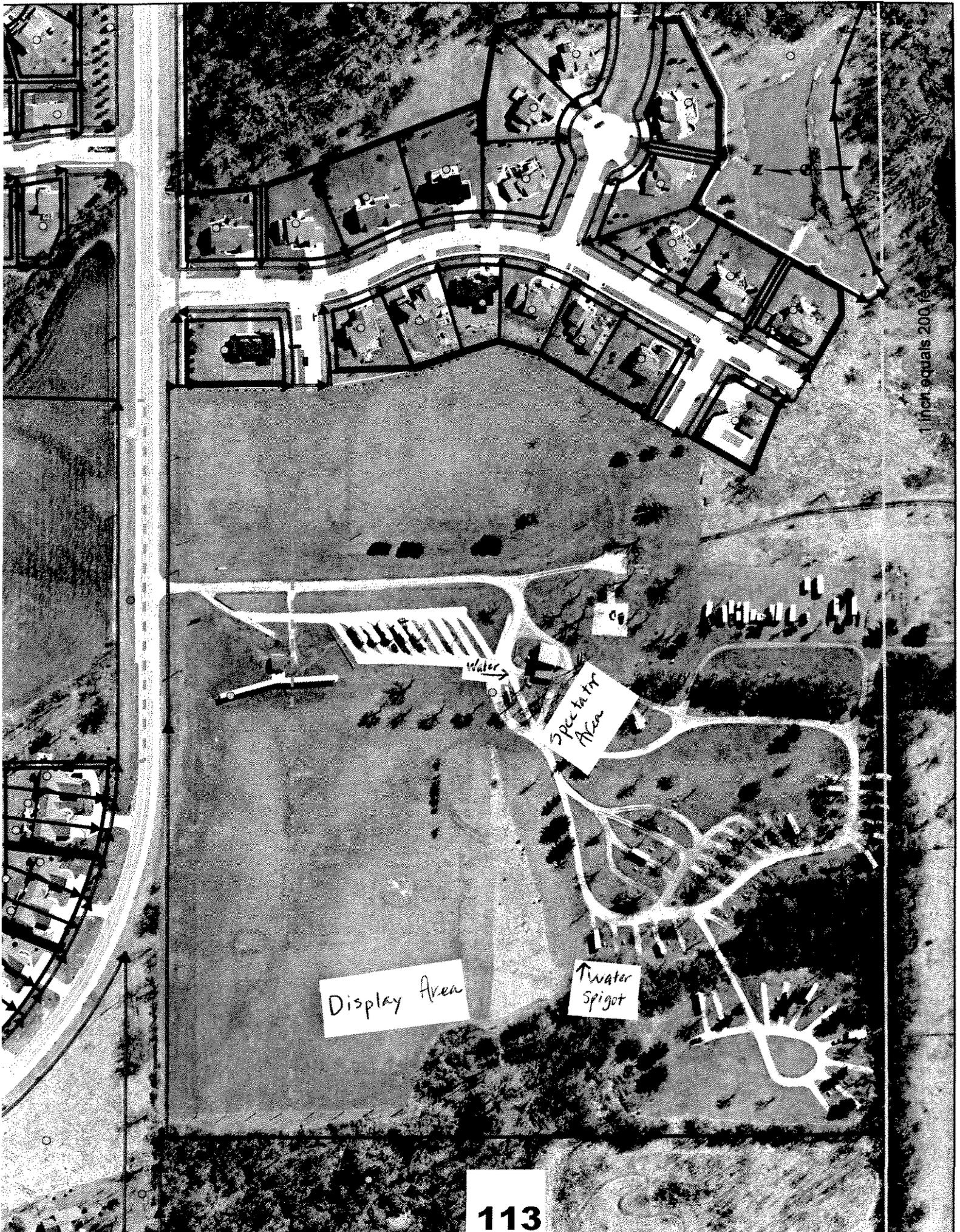
Signature: [Signature] ZONING ADMINISTRATOR

Environment & Land Use Committee

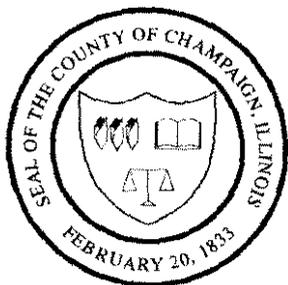
1. Application Complete Approval: _____ Date: _____
2. Requirements Met Disapproval: _____ Date: _____

Signature: _____

Remarks and/or Conditions: _____



1 inch equals 200 feet



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2008-ENT-10
\$100.00

NOT TRANSFERABLE

UNCLE BUCK'S SPORTS BAR INC.

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

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

MARK SHELDEN
County Clerk

Chairman, Champaign County License Commission



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

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

FILED
OCT 30 2007

For Office Use Only	
License No.	2008-ENT-10
Date(s) of Event(s)	Jan. 1, thru Dec. 31, 2
Business Name:	Uncle Buck's Sports Bar I
License Fee:	\$ 100.00
Filing Fee:	\$ 4.00
TOTAL FEE:	\$ 104.00
Checker's Signature:	IMS

Filing Fees: *Mark Sheldon* Per Year or fraction thereof: \$ 100.00
 CHAMPAIGN CLERK'S FILING FEE: 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. LOW. Rd. Mahomet, IL
 3. Business address of Business for which application is made: _____
SAME AS #2
 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: sell Beer +
Liquor for consumption, BAR
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J.'s + BANDS
 8. Term for which License is sought (specifically beginning & ending dates): _____
JAN 1ST 2008 - Dec 31ST 2008
 (NOTE: All annual licenses expire on December 31st of each year)
 9. Do you own the building or property for which this license is sought? NO
 10. If you have a lease or rent the property, state the name and address of the owner and when the lease or rental agreement expires: HBT 217 Trust
602 N. Country Fair Dr ; Champaign, IL 61821 7/01/2017
 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. Eichelberge
Date of Birth: _____ Place of Birth: Gibson City Hospital
Social Security Number: _____ Citizenship: U.S.
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: 2006 Middletown Rd
#213, Mahomet, IL 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Uncle Buck's Sports Bar
Manager for 3 years owner for 1

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 Buck's Sports Bar, Inc.
2. Date of Incorporation: May 20, 79 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: May, 30th 1992

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 Eichelberger Title: OWNER / manager / Pres
Date elected or appointed: 1/01/07 Social Security No.: _____
Date of Birth: _____ Place of Birth: Gibson City, Illinois
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.

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.

[Handwritten Signature]

Signature of President

[Handwritten Signature]

Signature of Secretary

[Handwritten Signature]

Signature of Manager or Agent

Subscribed and sworn to before me this 25 day of October, 2007.



[Handwritten Signature]

Notary Public

This **COMPLETED** application along with t'
made payable to MARK SHELDEN, CHAMPAIGN
County Clerk's Office, 1776 E. Washington St., Ur

amount of cash, or certified check
RK, must be turned in to the Champaign
118 802. 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: 10-30-07
2. Fee Amount Received: 104.00

Sheriff's Department

1. Police Record Approval: _____ Date: 11/28/07
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____

Signature: CAPT Jim Vogt

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 12/04/07
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: CR DISTRICT -
NONCONFORMING USE OF RECORD

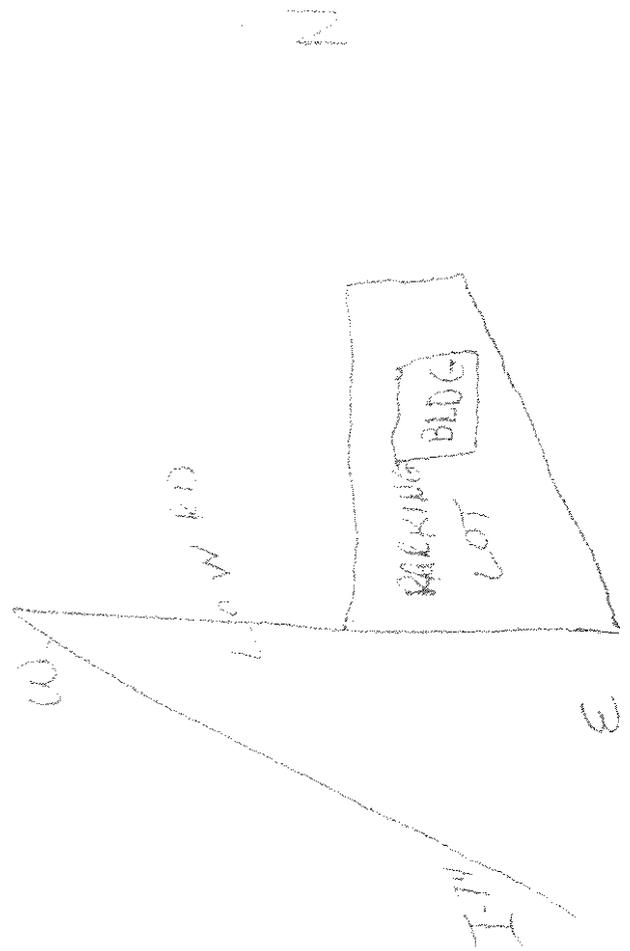
Signature: [Signature] ZONING ADMINISTRATOR

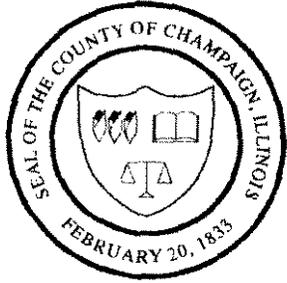
Environment & Land Use Committee

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. 2008-H-1
\$200.00

NOT TRANSFERABLE

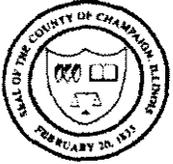
MOTEL 6

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

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

MARK SHELDEN
County Clerk
Champaign County

Chairman, Champaign County License Commission



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

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

FOR OFFICE USE ONLY	
License No.:	2008-H-1
Business Name:	MOTEL 6
License Fee:	\$ 200.00
Filing Fee:	\$ 4.00
TOTAL FEE:	\$ 204.00
Clerk:	

The Filing Fee for a Hotel/Motel License is \$25.00 plus \$3.00 for each room available for occupancy. **In no case shall the total fee exceed \$200.00.** An additional \$4.00 Clerk's Fee should be added for the issuance of the license. **All checks should be made payable to the Champaign County Clerk.**

The undersigned individual, partnership, or corporation hereby makes application to the County Board of Champaign County, Illinois, for a license pursuant to County Board Ordinance No. 5, to operate and maintain a Hotel/Motel for the use of the general public outside of the limits of any City, Village, or incorporated Town, and in support of said application, makes the following statements under oath.

- Name of Business: MOTEL 6
- Location of Business for which application is made: 1906 N. CUNNINGHAM AVE, URBANA
- Number of rooms available: 90 IL-61802
- Name, age, and address of the applicant; and in case of a copartnership, the name, age, and address of all persons who share in the profits; and in case of a corporation, the name, age, and address of the directors of the corporation, are:

NAME	AGE	ADDRESS
<u>VIJAY M. PATEL</u>	<u>44</u>	<u>1906 N. CUNNINGHAM AVE, URBANA</u>
<u>AJAY B. PATEL</u>	<u>38</u>	<u>1603 W. MORTON AVE, JACKSONVILLE, I</u>
<u>RAKESH V. PATEL</u>	<u>32</u>	<u>610 E. SPRINGFIELD RD, ARCOLA, IL 62622</u>

- Is applicant a citizen of the United States of America? Yes No
Place of birth: India
If naturalized, place and date of naturalization: _____
- The applicant intends to operate or maintain the above business at: 1906 N. CUNNINGHAM AVE
URBANA, IL-61802

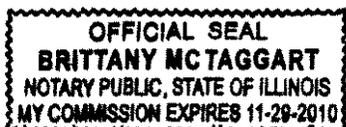
AFFIDAVIT

Vijay M Patel, being first duly sworn on his oath, deposes and states that he is the identical person whose name is signed to the above application, and that each and all of the statements made therein are true and correct.

Signature of Applicant

Signature of Applicant

Signed and sworn to before me this 31 day of October, 2007.



Brittany McTaggart
Notary Public

It is understood that a violation by the applicant of any of the laws of the State of Illinois or of the United States, or of any Resolution or Ordinance of the County Board of the County of Champaign, Illinois, in the conduct of the business aforesaid, shall be grounds for the revocation of any license issued hereunder.

Amount of License Fee Accompanying Th

on: \$ 204.00