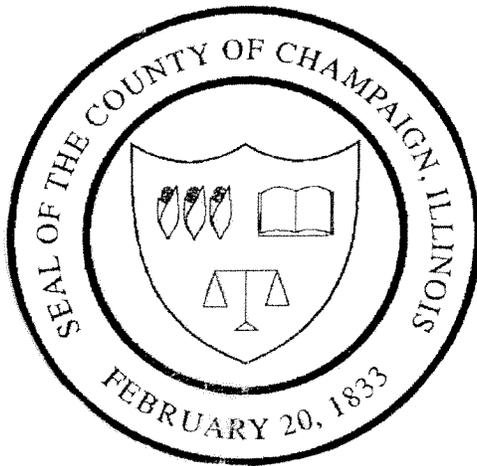


*Environment  
& Land Use Committee  
Special Meeting Agenda*

*May 22, 2008*



*6:30 p.m.*

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

# ***SPECIAL MEETING 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:*** *May 22, 2008*

***Time:*** *6:30 p.m.*

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

***Phone:*** *(217) 384-3708*

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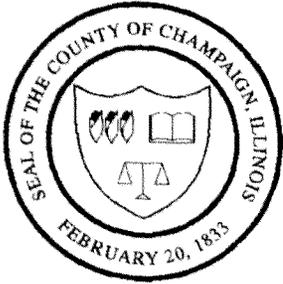
## **AGENDA**

***Old Business shown in Italics***

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- 1. Call to Order**
- 2. Approval of Agenda**
- 3. Public Participation**
- 4. Recreation and Entertainment License: Developmental Service Center, for cookout, music/band at 3102 W. Clark Rd, Champaign, IL. June 20, 2008** **1 thru 8**
- 5. Recreation and Entertainment License: Eastern Illinois A.B.A.T.E. Inc., for live music, motorcycle rodeo at the Rolling Hills Campground. Location: 3151-A CR 2800E, Champaign, IL. June 6-7, 2008.** **9 thru 17**
- 6. Other Business**
- 7. Determination of items to be placed on the County Board Consent Agenda**
- 8. Adjournment**





**STATE OF ILLINOIS  
COUNTY OF CHAMPAIGN**

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

**No. 2008-1D-01  
\$10.00**

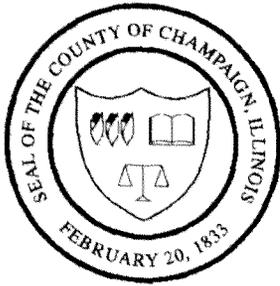
**DEVELOPMENTAL SERVICE CENTER**

License is hereby granted to Development Service Center at 1304 W. Bradley, Champaign IL to provide Recreation/Entertainment at 3102 W. Clark Rd., Champaign IL in Champaign County on June 27, 2008 (Rain Date). This License expires the 21<sup>st</sup> day of June at 12:01am.

Witness my Hand and Seal this \_\_\_\_\_ day of May, A.D. 2008.

\_\_\_\_\_  
Chairman, Champaign County License Commission

\_\_\_\_\_  
**Mark Shelden, Champaign County Clerk**



**STATE OF ILLINOIS  
COUNTY OF CHAMPAIGN**

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

**No. 2008-1D-01  
\$10.00**

**DEVELOPMENTAL SERVICE CENTER**

License is hereby granted to Development Service Center at 1304 W. Bradley, Champaign IL to provide Recreation/Entertainment at 3102 W. Clark Rd., Champaign IL in Champaign County on June 20, 2008. This License expires the 21<sup>st</sup> day of June at 12:01am.

Witness my Hand and Seal this \_\_\_\_\_ day of May, A.D. 2008.

\_\_\_\_\_  
Chairman, Champaign County License Commission

\_\_\_\_\_  
**Mark Shelden, Champaign County Clerk**



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

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

For Office Use Only

License No. 2008-1D-01

Date(s) of Event(s) 6-20-2008

Business Name: Developmental Service Center

License Fee: \$ 10.00

Filing Fee: \$ 4.00

TOTAL FEE: \$ 14.00

Checker's Signature: rms

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: DEVELOPMENTAL SERVICE CENTER (DSC)
2. Location of Business for which application is made: 3102 W CUMBER ROAD, CHAMPAIGN  
1302 W. BRADLEY AVE CHAMPAIGN
3. Business address of Business for which application is made: 3102 W CUMBER RD  
CHAMPAIGN
4. Zoning Classification of Property: I-1
5. Date the Business covered by Ordinance No. 55 began at this location: \_\_\_\_\_
6. Nature of Business normally conducted at this location: RECREATIONAL SERVICES & BUSINESS OPERATIONS OF (DSC) PARKING
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): cocktail, music/band from 4-7 pm
8. Term for which License is sought (specifically beginning & ending dates): \_\_\_\_\_  
Date: Friday, June 20 2008, Reenact: Friday, June 27th.  
(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 (C.R. FOUNDATION)
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: DISABLED CITIZENS FOUNDATION
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: Dale A. Morrissey Date of Birth: \_\_\_\_\_  
Place of Birth: Taylorville IL Social Security No.: \_\_\_\_\_  
Residence Address: 3204 Cypress Creek Champaign IL 61822  
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): DCF  
c/o Dale Morrissey, President  
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: Same as above  
\_\_\_\_\_  
\_\_\_\_\_

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:  
DISABLED CITIZENS FOUNDATION
2. Date of Incorporation: 7/29/75 e 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: 7/29/75

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

1304 W. Bradley Ave. Champaign IL 61821

5. Objects of Corporation, as set forth in charter: Support Services of DSC and persons served.

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

Name of Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Date elected or appointed: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

If naturalized, **place** and **date** of naturalization: \_\_\_\_\_

Residential Addresses for past three (3) years: \_\_\_\_\_

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

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

**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.

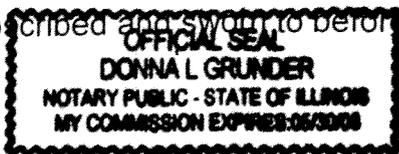
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

*Debra H. [Signature]*  
\_\_\_\_\_  
Signature of President

*Donnelle Matthews*  
\_\_\_\_\_  
Signature of Secretary CFO

*Patsy Walters*  
\_\_\_\_\_  
Signature of Manager or Agent EVPCS

Subscribed and sworn to before me this 18 day of March, 2008.



*Donna L. Grunder*  
\_\_\_\_\_  
Notary Public

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

ate amount of cash, or certified check CLERK, must be turned in to the Champaign 6 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: 3-20-08
- 2. Fee Amount Received: 14.00

Sheriff's Department

- 1. Police Record Approval: K Date: 4/14/08
- 2. Credit Check Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ Signature: J Uogw #542

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 4/30/08
- 2. Restrictions or Violations Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

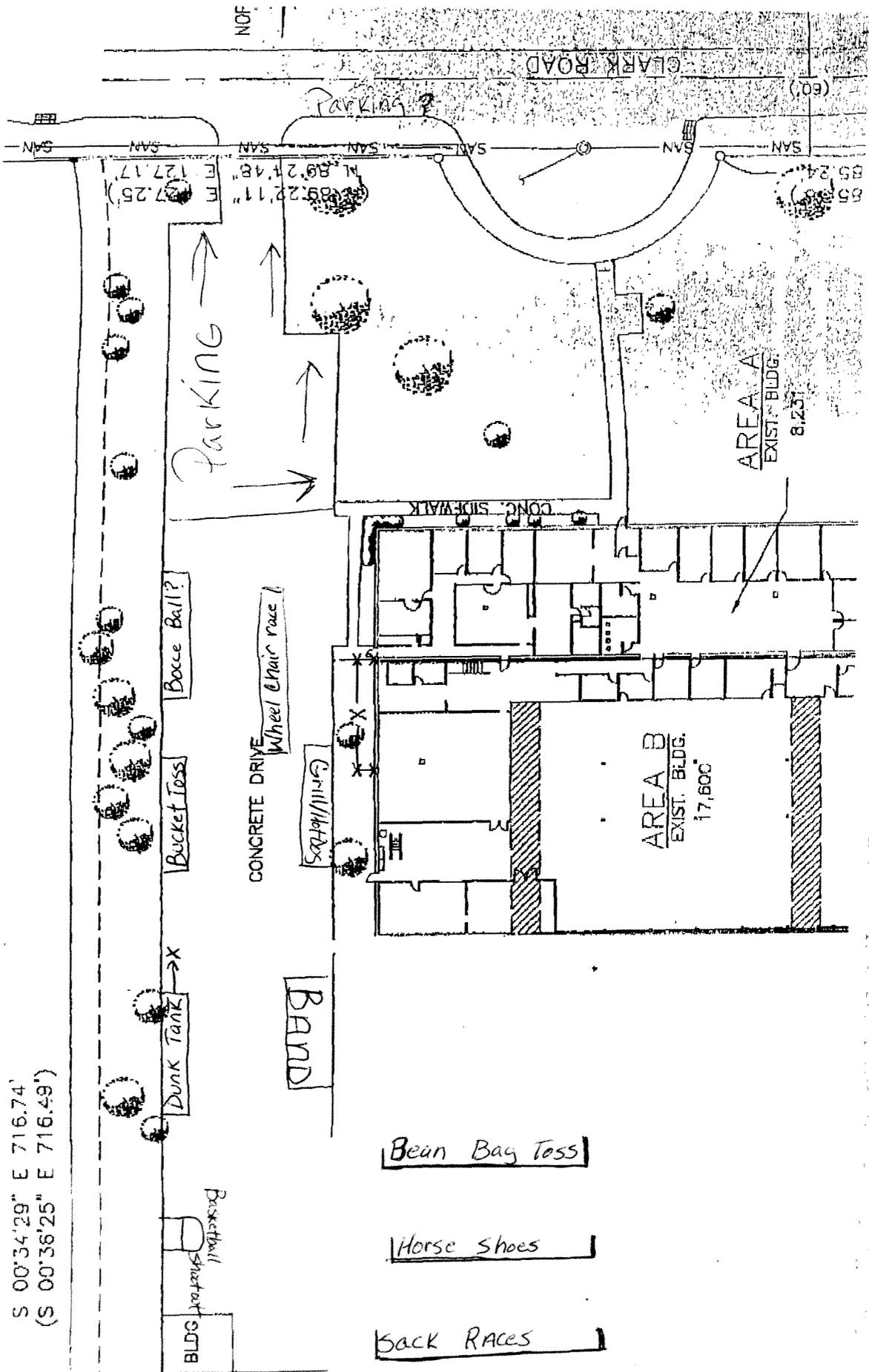
Remarks: \_\_\_\_\_ Signature: [Signature]

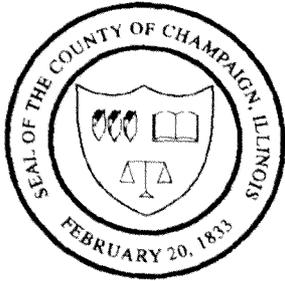
Environment & Land Use Committee

- 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. 2008-2D-01  
\$20.00**

**Eastern Illinois A.B.A.T.E. Inc.**

License is hereby granted to Eastern Illinois A.B.A.T.E. Inc. 3151-A CR 2800 E Champaign IL to provide Recreation/Entertainment at Rolling Hills Campground, Penfield IL in Champaign County on June 6<sup>th</sup> and 7<sup>th</sup>, 2008. This License expires the 8<sup>st</sup> day of June at 12:01am.

Witness my Hand and Seal this \_\_\_\_\_ day of May, A.D. 2008.

\_\_\_\_\_  
Chairman, Champaign County License Commission

\_\_\_\_\_  
**Mark Shelden, Champaign County Clerk**



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

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

**FILED**  
MAR 28 2008

*Mark Shelden*  
CHAMPAIGN COUNTY CLERK

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

For Office Use Only

License No. 2008-20-01  
Date(s) of Event(s) June 6 & 7<sup>th</sup>  
Business Name: EASTERN ILL. A.B.A.T.E.  
License Fee: \$ 20.00  
Filing Fee: \$ 4.00  
TOTAL FEE: \$ 24.00  
Checker's Signature: *M*

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: Eastern Illinois ABATE, Inc
  2. Location of Business for which application is made: Rolling Hills Campground Penfield, Illinois
  3. Business address of Business for which application is made: 3151-A CR 2800 E Penfield, IL
  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): Campground
  8. Term for which License is sought (specifically beginning & ending dates): June 6 & 7, 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: Rolling Hills Campground 3151-A CR 2800 E Penfield, IL (June 6 & 7, 2008)
  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): \_\_\_\_\_  
Barbara Reifsteck  
Date of Birth: \_\_\_\_\_ Place of Birth: Sailor Springs, Ill.  
Social Security Number: \_\_\_\_\_ Citizenship: US  
If naturalized, state **place** and **date** of naturalization: \_\_\_\_\_
2. Residential Addresses for the past three (3) years: 200 N Broadway  
Fisher, Ill 61843
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Registered Nurse

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: List of officers attached
1. Name of Corporation exactly as shown in articles of incorporation and as registered: Eastern Illinois ABATE, Inc.
2. Date of Incorporation: 12/3/1986 wherein incorporated: Illinois

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

\_\_\_\_\_  
\_\_\_\_\_

Give first date qualified to do business in Illinois: \_\_\_\_\_

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

P.O. Box 6132 Champaign, Fl. 61826

5. Objects of Corporation, as set forth in charter: Motorcyclists Rights + Education

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

Name of Officer: Jerry Reifsteck Title: President

Date elected or appointed: 3/2007 Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Danville, Fl.

Citizenship: US

If naturalized, **place** and **date** of naturalization: \_\_\_\_\_

Residential Addresses for past three (3) years: 200 N Broadway  
Fisher Fl 61843

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

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.



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: 3/20/08

2. Fee Amount Received: 24.00

Sheriff's Department

1. Police Record Approval: ✓ Date: 4/14/08

2. Credit Check Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ Signature: J. Vogt #542

Planning & Zoning Department

1. Proper Zoning Approval: ✓ Date: 4/30/08

2. Restrictions or Violations Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: CR District Signature: [Signature]

A. A Temporary Use Permit is required  
B. A Temporary Use Permit is a non-significant expansion of this nonconforming campground for this two day event.

Environment & Land Use Committee

1. Application Complete Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2. Requirements Met Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Remarks and/or Conditions: \_\_\_\_\_

**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.

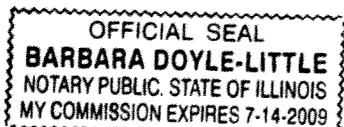
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

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

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

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

Subscribed and sworn to before me this 28<sup>th</sup> day of March, 2008.



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

This COMPLETED application along with  
made payable to MARK SHELDEN, CHAMPAIGN

ate amount of cash, or certified check  
LERK, must be turned in to the Champaign  
14 \$4.00 Filing Fee should be included

abate officers

Eastern Illinois A.B.A.T.E., inc  
A not for profit organization

officers

name Jerry Reifsteck  
title president since 03/2007  
ssn  
dob  
citizenship US  
address 200 N Broadway, Fisher, IL  
occupation Laborer  
dl#

name Barb Reifsteck  
title Safety & Education since 12/2006  
ssn  
dob  
citizenship US  
address 200 N Broadway, Fisher, IL  
occupation Registered Nurse  
dl#

name Deanna Zehr  
title Treasurer since 12/2007  
ssn  
dob  
citizenship  
address Urbana, Illinois  
occupation Secretary  
dl#

name Mona Dillard  
title Secretary since 12/2006  
ssn  
dob  
citizenship US  
address 700 CR 2175 N. Champaign, IL  
occupation Postal worker  
dl#

name Ken Wittrock  
title State Rep: since 12/2006  
ssn  
dob  
citizenship US  
address 1364 Treasure Lane white Heath, IL  
occupation Retired  
dl#

name Martha Kelley  
title products Coordinator since 12/2007  
ssn  
dob  
citizenship US  
address 378 CR 2700 N, Mahomet, IL  
occupation Secretary

abate officers

dl#

name Alicia Brown  
title Public Relations since 12/2006  
ssn  
dob  
citizenship US  
address 1523 Fairway Drive, Rantoul, IL  
occupation homemaker  
dl#

name Mike Kelley  
title Membership Coordinator since 12/2005  
ssn  
dob  
citizenship US  
address 378 CR 2700 N, Mahomet, IL  
occupation Laborer  
dl#

