



CHAMPAIGN COUNTY BOARD
ENVIRONMENT and LAND USE COMMITTEE (ELUC) ADDENDUM
County of Champaign, Urbana, Illinois
Thursday, May 7, 2015 - 6:30 p.m.

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

VII. **Items for Information Only**

B. Recreation & Entertainment License: Rodeo Club at the University of Illinois for a rodeo at the Champaign County Fairgrounds, 1302 North Coler Avenue, Urbana to be held June 2, 2015



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

APR 20 2015

CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2015-ENT-24
Date(s) of Event(s) May 2, 2015
Business Name: _____
License Fee: \$ 10.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 14.00
Checker's Signature: _____

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: Gordy Hulten, Champaign County Clerk

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

- A. 1. Name of Business: Rodeo Club at U of I
2. Location of Business for which application is made: NA
3. Business address of Business for which application is made: Animal Science Lab
1207 W Gregory Dr. Urbana, IL 61801
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): IPRA Sanctioned Rodeo
8. Term for which License is sought (specifically beginning & ending dates): May 2, 2015
(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: No
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.

Laura Howard
309-360-2544

**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: Jeremy Harris Date of Birth: [REDACTED]
Place of Birth: Belleville, IL Social Security No.: [REDACTED]
Residence Address: 1 Cypress Ln Freeburg, IL 62243
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): Laura Howard
Date of Birth: [REDACTED] Place of Birth: Silvis, IL
Social Security Number: [REDACTED] Citizenship: US
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: 305 E Clark St. Champaign, IL 6182
208 E Greenwood Street Morton, IL 61550
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: Swine Caretaker at the Imported Swine Research Lab

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:
Rodeo Club NA
2. Date of Incorporation: _____ State wherein incorporated: _____

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: _____

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: _____ 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.

Laura Howard

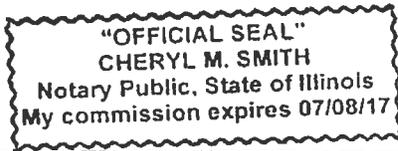
Signature of Owner or of one of two members of Partnership

Jeremy Howie

Signature of Owner or of one of two members of Partnership

Signature of Manager or Agent

Subscribed and sworn to before me this 30th day of April, 2015.



Cheryl M. Smith
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 the appropriate amount of cash, or certified check made payable to GORDY HULTEN, CHAMPAIGN COUNTY CLERK, must be turned in to the Champaign County Clerk's Office, 1776 E. Washington St., Urbana, Illinois 61802. A \$4.00 Filing Fee should be included.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER Creative Planning Risk Services 3400 College Blvd. Ste 200 Leawood KS 66211 | CONTACT NAME: Mary Cape |
| | PHONE (A/C. No. Ext): (913) 341-0900 FAX (A/C. No.): (913) 341-0901 E-MAIL ADDRESS: |
| INSURED Big Hat Rodeo Company 9903 Kemman Rd Hebron IL 60034 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Great Divide Insurance Company |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

COVERAGES CERTIFICATE NUMBER: CL147200170 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X | | CLA201217110 | 7/8/2014 | 7/8/2015 | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDERS ARE LISTED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR WITH REGARDS TO THE
BIG HAT RODEO COMPANY RODEO EVENTS:
ORANGE & BLUE RODEO ROUNDUP, CHAMPAIGN COUNTY FAIRGROUNDS, URBANA, IL; EVENT: 5/2/15

| | |
|--|--|
| CERTIFICATE HOLDER RODEO CLUB AT THE UNIVERSITY OF ILLINOIS 1207 W GREGORY DRIVE URBANA, IL 61801 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Kevin Shewmaker/KRS |
|--|--|



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: 4/30/15
2. Fee Amount Received: 14.00

Sheriff's Department

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

Remarks: _____ Signature: _____

Planning & Zoning Department

1. Proper Zoning Approval: _____ Date: _____
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____
