

## COUNTY BOARD ADDENDUM II

County of Champaign, Urbana, Illinois  
Thursday, December 18, 2014 – 6:30 p.m.

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Lyle Shields Meeting Room, Brookens Administrative Services  
1776 East Washington Street, Urbana, IL 61801

### XVII. Standing Committees

#### B. Environment & Land Use

##### Annual Renewal of Recreation & Entertainment License

5. C.C. Pink House Inc., 2698 CR1600N, Ogden. 1/1/15 - 12/31/15

### XVIII. Areas of Responsibility

#### A. Finance

19. \*\*Adoption of Resolution No. 9101 Authorizing Budget Transfer #14-00013  
Fund/Dept. 080 General Corporate-030 Circuit Clerk  
Total Amount: \$3,500  
Reason: Transfer of Funds to Cover Office Supplies

\*Roll Call

\*\*Roll call and 15 votes

\*\*\*Roll call and 17 votes

\*\*\*\*Roll call and 12 votes

Except as otherwise stated, approval requires the vote of a majority of those County Board members present.

FILED

DEC 11 2014



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

*Gordy Hulthen*  
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. ENT-19 2015  
Date(s) of Event(s) annual  
Business Name: CC PINK HOUSE INC  
License Fee: \$ 100.00  
Filing Fee: \$ 4.00  
TOTAL FEE: \$ 104.00  
Checker's Signature: *Anna*

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: Gordy Hulthen, 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: CC PINKHOUSE INC
- 2. Location of Business for which application is made: 2698 CO RD 1600N  
OGDEN IL 61859
- 3. Business address of Business for which application is made: 2698 CO RD 1600N  
OGDEN 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: BAR + RESTURANT
- 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): BANDS
- 8. Term for which License is sought (specifically beginning & ending dates): \_\_\_\_\_

(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: 4-2015
- 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**

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:

Name: JENNIFER KILMAN Date of Birth: [REDACTED]  
Place of Birth: CHAMPAIGN, IL Social Security No.: [REDACTED]  
Residence Address: 608 CHICAGO ALLERTON, IL 61810  
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): \_\_\_\_\_  
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:  
CC PINK HOUSE INC
2. Date of Incorporation: 3-17-10 State 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: \_\_\_\_\_

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

2698 Co Rd 1600 N. Ogdan, IL 61859  
P.O Box 215 Ogdan, IL 61859

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: DORIS A CLER Title: OWNER  
Date elected or appointed: 3-17-10 Social Security No.: [REDACTED]  
Date of Birth: [REDACTED] Place of Birth: URBANA, ILL  
Citizenship: YES  
If naturalized, place and date of naturalization: \_\_\_\_\_

Residential Addresses for past three (3) years: 1493 E 2750 N. RD  
MAHOMET IL 61859

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.

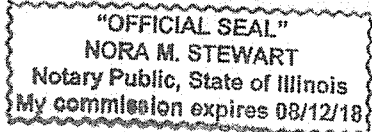
I/We further swear that I/we will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of the business hereunder applied for.

*[Handwritten 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 17th day of December, 2014.



*[Handwritten 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 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.



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>12/11/2014</u> |
| <input checked="" type="checkbox"/> | 2. | Fee                | Amount Received: | <u>\$104.00</u>   |

Sheriff's Department

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

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

\_\_\_\_\_

\_\_\_\_\_

Planning & Zoning Department

- |                          |    |                            |              |       |       |       |
|--------------------------|----|----------------------------|--------------|-------|-------|-------|
| <input type="checkbox"/> | 1. | Proper Zoning              | Approval:    | _____ | Date: | _____ |
| <input type="checkbox"/> | 2. | Restrictions or Violations | Disapproval: | _____ | Date: | _____ |

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

\_\_\_\_\_

\_\_\_\_\_

Environment & Land Use Committee

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

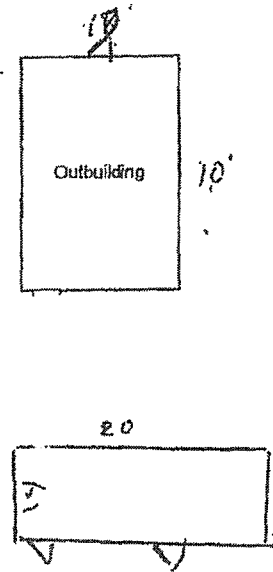
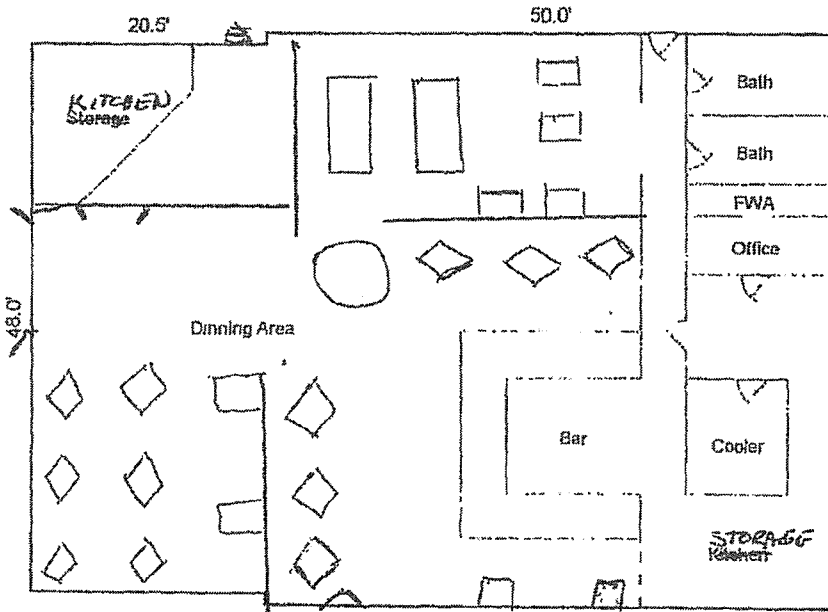
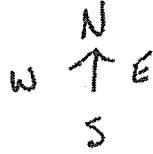
Signature: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



RESOLUTION NO. 9101

TRANSFER OF FUNDS

December 2014

FY 2014

WHEREAS, Sufficient amounts have been appropriated to support such transfers;

NOW, THEREFORE, BE IT RESOLVED That the Champaign County Board approves the following transfers within to the FY2014 budget; and

BE IT FURTHER RESOLVED That the County Auditor be authorized and is hereby requested to make the following transfers in the FY2014 budget.

Budget Transfer #14-00013

Fund 080 General Corporate  
Dept. 030 Circuit Clerk

<u>TRANSFER TO ACCOUNT DESCRIPTION</u>	<u>AMOUNT</u>	<u>TRANSFER FROM ACCOUNT DESCRIPTION</u>
522.02 Office Supplies	\$3,500	511.05 Temporary Salaries & Wages
Total	\$3,500	

REASON: Transfer of Funds to Cover Office Supplies

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 18<sup>th</sup> day of December A.D. 2014.

\_\_\_\_\_  
Pattsi Petrie, Chair  
Champaign County Board

ATTEST: \_\_\_\_\_  
Gordy Hulten, County Clerk  
and ex-officio Clerk of the  
Champaign County Board



REQUEST FOR BUDGET TRANSFER  
NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

BT NO. 14-00013

FUND 080 GENERAL CORPORATE

DEPARTMENT 030 CIRCUIT CLERK

TO LINE ITEM:

FROM LINE ITEM:

NUMBER/TITLE	\$ AMOUNT	NUMBER/TITLE
080-030-522.02 OFFICE SUPPLIES	3,500.	080-030-511.05 TEMP. SALARIES & WAGES

EXPLANATION: TRANSFER OF FUNDS TO COVER OFFICE SUPPLIES

RECEIVED  
 DEC 09 2014  
 CHAMPAIGN COUNTY  
 AUDITORS OFFICE

DATE SUBMITTED: December 8, 2014 Brian D Kelly  
 AUTHORIZED SIGNATURE

APPROVED BY PARENT COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_ \* PLEASE SIGN IN BLUE INK \*


APPROVED BY BUDGET AND FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_
