

**CHAMPAIGN COUNTY BOARD
COMMITTEE OF THE WHOLE – ELUC/Highway/Facilities Agenda**
County of Champaign, Urbana, Illinois
Tuesday, May 3, 2011 – 6:00 p.m.

*Lyle Shields Meeting Room, Brookens Administrative Center
1776 East Washington Street, Urbana, Illinois*

Page Number

VIII. Environment & Land Use

- A. Recreation & Entertainment License *1-12
1. Recreation & Entertainment License: Eastern Illinois A.B.A.T.E. Inc. for live bands, music, motorcycle rodeo; Location: Rolling Hills Campground, 3151-A CR2800E, Penfield, IL June 3, 4, and 5, 2011
- B. Monthly Report (to be distributed)
- C. Chair's Report
- D. Other Business
- E. Designation of Items to be Placed on County Board Consent Agenda



STATE OF ILLINOIS, **FILED**
 Champaign County
 Application for: **APR 07 2011**
 Recreation & Entertainment License

Applications for License under *County Clerk* 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. 2011 ENT - 20
 Date(s) of Event(s) JUNE 3, 4, 5 2011
 Business Name: EASTERN IL ABATE.
 License Fee: \$ 30. -
 Filing Fee: \$ 4.00
 TOTAL FEE: \$ 34.00
 Checker's Signature: AMMA

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: Eastern IL. ABATE. Inc.
 2. Location of Business for which application is made: _____
 3. Business address of Business for which application is made: PO Box 6132 Champaign IL 61826
 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: _____
Camping
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): Live Bands / motorcycle rodeo / vendors.
 8. Term for which License is sought (specifically beginning & ending dates): _____
June 3-5 2011
 (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 Camground
6151 CR 2800E, *A, Penfield, IL 61862 expires June 5, 2011
 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: Joseph Edward Wilson Date of Birth: 01-05-1970
Place of Birth: Urbana IL Social Security No.: 323-74-3570
Residence Address: 113 Ennis Ln. Urbana IL 61852
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): _____
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:
Eastern Illinois A.B.A.T.E.
2. Date of Incorporation: 12/3/1986 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:

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: _____

list attached

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.

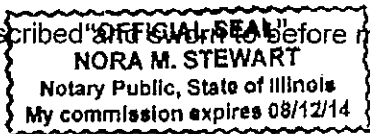
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 7th day of April, 2011.



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



IS Long White County of Ohio
ID CARD

HR No. 4254-8570-005W
DOB: 01-05-70
Expire: 01-05-15
Issue: 06-05-10

Class:
Type: 001

JOSEPH S. WILSON
113 E. MAIN ST.
WILSON, OH 43086

Male 6'00" 175 lbs N&B Eyes





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2011

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 Chuck Hay Insurance Agency, Inc. 1865 N. Henderson St. Suite #2 Galesburg, IL 61401	Phone: (309)344-3646 Fax: (309)344-2924	CONTACT NAME: Lora Hanson PHONE (AG, No, Ext): (309)344-3646 FAX (AG, No): (309)344-2924 E-MAIL ADDRESS: lhanson@chuckhayins.com PRODUCER CUSTOMER ID #: A.B.012
INSURED A.B.A.T.E. of Illinois, Inc. 311 East Main Street Suite 418 Galesburg, IL 61401-4834	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Cincinnati Insurance Company	NAIC #: 10677
	INSURER B: Cincinnati Casualty Company	28665
	INSURER C: Lloyd's of London	999906
	INSURER D:	
	INSURER E:	
	INSURER F:	

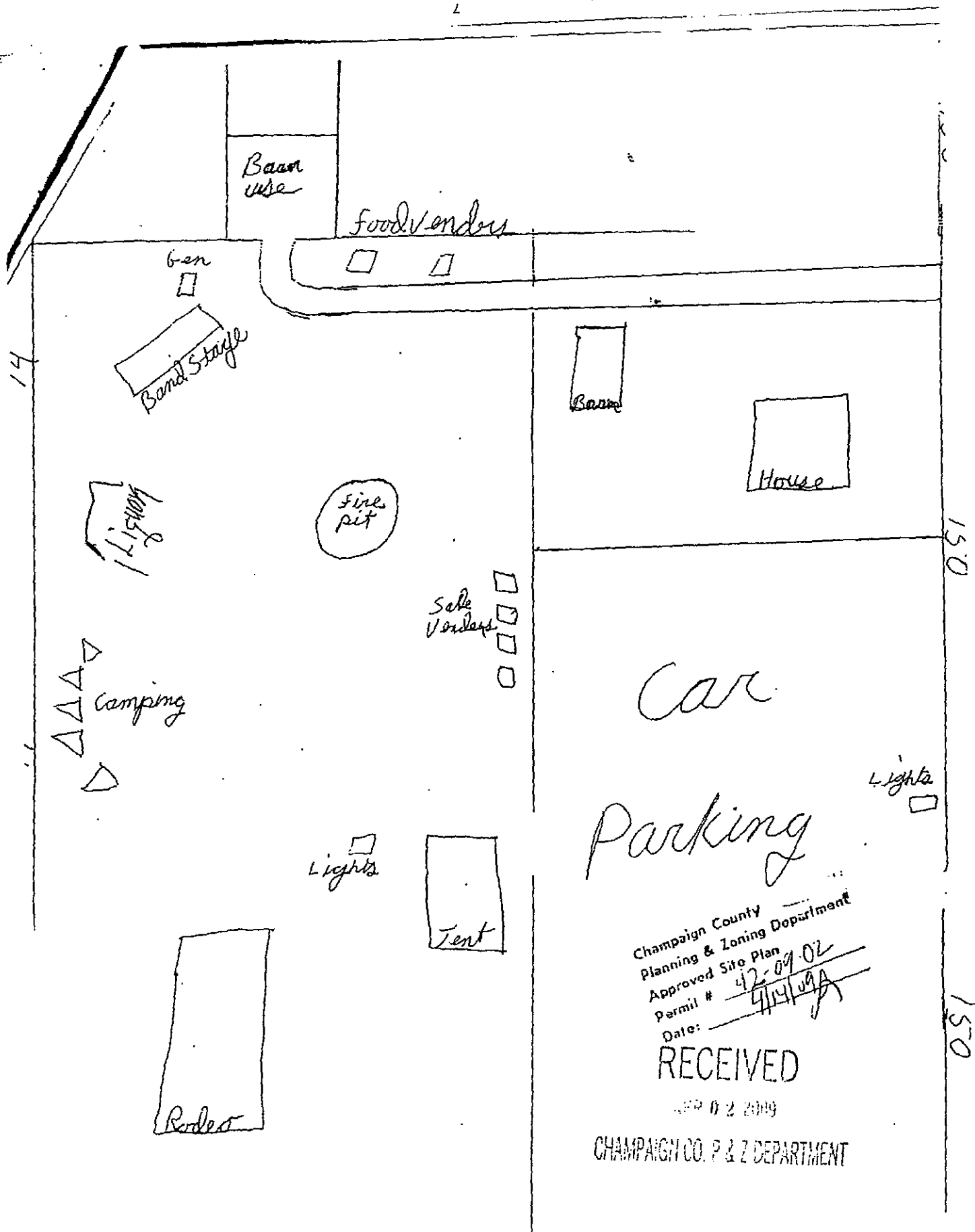
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA 004 72 64	11/1/2010	11/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	WC 1855375-01	11/1/2010	11/1/2011	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 100,000													
E.L. DISEASE - EA EMPLOYEE	\$ 100,000													
E.L. DISEASE - POLICY LIMIT	\$ 500,000													
C	Liquor Liability		LIQ126463	11/1/2010	11/1/2011	Liquor Liability 1,000,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS THEIR INTERESTS MAY APPEAR WITH RESPECT TO EVENTS HELD AT THE ROLLING HILLS CAMPGROUND, 3151 COUNTY RD 2800E, PENFIELD, IL 61862 ON JUNE 3 & 4 2011, BY EASTERN IL CHAPTER ABATE "SUMMER BOOGIE", P O BOX 6132, CHAMPAIGN, IL 61826-6132

CERTIFICATE HOLDER Holder's Nature of Interest : Additional Insured Eastern Illinois Chapter of Abate PO BOX 6132 CHAMPAIGN, IL 61826	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
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Champaign County
 Planning & Zoning Department
 Approved Site Plan
 Permit # 42-09-02
 Date: 4/14/09

RECEIVED

SEP 02 2009

CHAMPAIGN CO. P & Z DEPARTMENT



SERVICES PROGRAMS PRESS PUBLICATIONS DEPARTMENTS CONTACT

CORPORATION FILE DETAIL REPORT

Entity Name	EASTERN ILLINOIS A.B.A.T.E.	File Number	54463685
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	NOT-FOR-PROFIT
Incorporation Date (Domestic)	12/03/1986	State	ILLINOIS
Agent Name	PAULA A WARD	Agent Change Date	11/29/2000
Agent Street Address	311 E MAIN ST #418	President Name & Address	
Agent City	GALESBURG	Secretary Name & Address	
Agent Zip	61401	Duration Date	PERPETUAL
Annual Report Filing Date	11/03/2010	For Year	2010

[Return to the Search Screen](#)

[Purchase Certificate of Good Standing](#)

(One Certificate per Transaction)

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

A.B.A.T.E. of Illinois

Eastern Chapter
P.O. Box 6132
Champaign, IL 61826-6132

President :

Jerry Reifsteck (217)898-5140 breifsteck@yahoo.com
200 Broadway, Fisher, IL 61843
339-48-1794

Vice President :

Matt 'Forrest' Ruhnaw (217)841-4882 djforrest@insightbb.com
1805 ½ Lynwood Dr., Champaign, IL 61821
352-74-9772

Safety and Education:

Joe Wilson (217)954-0195 meljoe_5@hotmail.com
113 Ennis Ln., Urbana, IL 61802
323-74-3570

Treasurer:

Deanna Zehr (217)643-7374 zehrtrck@pdnt.com
1532 B CR 2300 N, Urbana, IL 61802
340-60-5051

Secretary:

Melissa Wilson (217)954-0195 meljoe_5@hotmail.com
113 Ennis Ln., Urbana, IL 61802
356-54-3154

State Rep:

Ken 'Woody' Wittrock (217)687-2868, cell (217)369-5862
1364 Treasure Ln., White Heath, IL 61884
352-36-0308

Activities Director:

Kelly Dillard
700 CR 2175 N, Champaign, IL 61822
315-66-5290

3308

EASTERN ILLINOIS A.B.A.T.E. 11-86
P.O. BOX 6132
CHAMPAIGN, IL 61826-6132

DATE 4-10-01

$\frac{2-1}{710}$ 72

PAY
TO THE
ORDER OF

Champaign County Clerk

\$ 34.00

THIRTY FOUR AND 00/100

DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

Dean Zel

FOR Summa Books

Jerry Ruffalo

⑈003308⑈ ⑆071000013⑆

220132225⑈



Eastern Illinois Chapter A.B.A.T.E. of Illinois, Inc.

P.O. Box 6132
Champaign, IL 61826-6132

Rodeo

Saturday

11:00 to 4:00

Weenie Bite

Keg Roll

Round & Round

Polo

Slow Ride

Ride By Shooting

Throw Your Balls

Joist

Bike Wash

Road Kill

Bands

Friday

Triple OT Buck

4:00 to 6:00

Renegade

8:00 to 12:00

Saturday

Mother GetDown

5:00 to 8:00

Belclare Road

9:00 to 12:00



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: 4-12-11
- 2. Fee Amount Received: 34.00

Sheriff's Department

- 1. Police Record Approval: 4/14/11 Date: _____
 - 2. Credit Check Disapproval: _____ Date: _____
- Remarks: _____ Signature: (TV542)

Planning & Zoning Department

- 1. Proper Zoning Approval: ✓ Date: 4/25/11
 - 2. Restrictions or Violations Disapproval: _____ Date: _____
- Remarks: CR District Signature: [Signature] ZONING ADMINISTRATOR

A Temporary Use Permit is required; this is a non-significant expansion of this non-conforming use of record. * a Temporary Use Permit application has been received

Environment & Land Use Committee

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

Remarks and/or Conditions: _____
