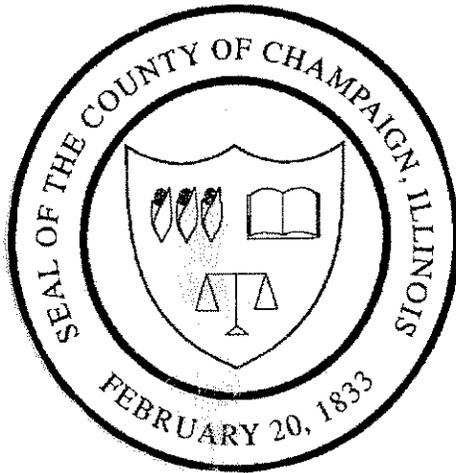


***ENVIRONMENT
& LAND USE
COMMITTEE
ADDENDUM TO AGENDA***

November 13, 2006

7:00 p.m.



**Lyle Shields Meeting Room,
Brookens Administrative Center
1776 East Washington, Urbana, Il. 61802-4581
(217)384-3708**

ADDENDUM TO AGENDA

Champaign County Environment & Land Use Committee

Members:

*Jan Anderson, Chris Doenitz, Tony Fabri, Nancy
Greenwalt (VC), Kevin Hunt, Ralph Langenheim (C),
Brendan McGinty, Steve Moser, Jon Schroeder*

Date: *November 13, 2006*

Time: *7:00 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

- | | |
|--|---------------------|
| A1. Recreation and Entertainment License: Honey Bee Productions, Inc. d.b.a. Malibu Bay Lounge, 3106 N Cunningham AV, Urbana, IL January 1, 2007 through December 31, 2007. | A1 thru A8 |
| A2. Recreation and Entertainment License: Elmer's Club 45 Inc, d.b.a. Club 45 Banquet Hall, 3515 N Cunningham, Urbana, IL January 1, 2007 through December 31, 2007. | A9 thru A14 |
| A3. Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. The Pink House, 2698 CR 1600N, Ogden, IL November 1, 2006 through December 31, 2006. | A15 thru A22 |
| A4. Recreation and Entertainment License: Kams of Illinois LLC, d.b.a. The Pink House, 2698 CR 1600N, Ogden, IL January 1, 2007 through December 31, 2007. | A23 thru A30 |
| A5. Recreation and Entertainment License: Tincup RV Park, Inc, 1715 E. Tincup Rd, Mahomet, IL January 01, 2007 through December 31, 2007. | A31 thru A36 |
| A6. Recreation and Entertainment License: Curtis Orchard, 3902 S Duncan Rd, Champaign, IL January 01, 2007 through December 31, 2007. | A37 thru A45 |
| A7. Recreation and Entertainment License: Hideaway of the Woods Grill and Bar, 809 S Prairieview Rd, Mahomet, IL January 01, 2007 through December 31, 2007. | A46 thru A54 |
| A8. Recreation and Entertainment License: Uncle Buck's Sports Bar, Inc, 215 S Lake of Woods Rd, Mahomet, IL, January 01, 2007 through December 31, 2007. | A55 thru A64 |
| A9. Recreation and Entertainment License: Last Call for Alcohol, Inc, 105 Main St, Penfield, IL January 01, 2007 through December 31, 2007. | A65 thru A72 |

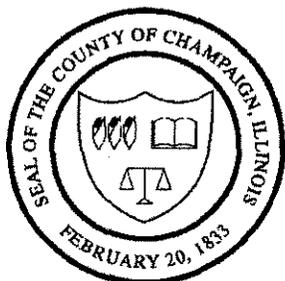
ENVIRONMENT AND LAND USE COMMITTEE

NOVEMBER 13, 2006

PAGE 2

- A10. Recreation and Entertainment License: The Oasis of Penfield, Inc, 2705 CR 3000N, Penfield, IL January 01, 2007 through December 31, 2007. A73 thru A78
- A11. Recreation and Entertainment License: rock the shed, inc, a non-profit corporation, 556 CR 2425N, Dewey, IL November 01, 2006 through December 31, 2006. A79 thru A91
- A12. Recreation and Entertainment License: rock the shed, inc, a non-profit corporation, 556 CR 2425N, Dewey, IL January 01, 2007 through December 31, 2007. A92 thru A104
- A13. Recreation and Entertainment License: Alto Vineyards, 4210 N Duncan Rd, Champaign, IL January 01, 2007 through December 31, 2007. A105 thru A113
- A14. Hotel/Motel License: Ravi-Yash, Inc, d.b.a. Travelers Stay Inn, 1906 N. Cunningham Av, Urbana, IL January 01, 2007 through December 31, 2007. A114 thru A115

NOT TRANSFERABLE



**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

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

**No. 2007-ENT-05
\$100.00**

HONEY BEE PRODUCTIONS INC

License is hereby granted to **Isaac Mapson/Tammy Carter** 1791 Independence, Urbana IL , to provide Entertainment/Recreation at 3106 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A1



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

FILED

NOV - 6 2006

Mark Shelden
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2007-ENT-05
Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007
Business Name: HONEY BEE PRODUCTIONS INC.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 104.00
Checker's Signature: *MS*

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: HONEY BEE PRODUCTIONS INC. DBA MALIBU BAY LOUNGE
2. Location of Business for which application is made: _____
3106 N. CUNNINGHAM AVE URBANA
3. Business address of Business for which application is made: _____
P.O. BOX 1005 URBANA IL 61903
4. Zoning Classification of Property: B-4 2.16 ACRE
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'S, DANCING, MUSIC FESTIVALS, FUNDRAISERS, CARSHOWS, BIKESHOWS, BANQUETS, RECEPTIONS, REUNIONS, ETC...
8. Term for which License is sought (specifically beginning & ending dates): _____
JAN 1, 07 - DEC 31, 07
(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
AND WILL BE RETURNED

NOT CONSIDERED FOR A LICENSE
) APPLICANT

A2

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: JORDY 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:
HONEYBEE PRODUCTIONS, INC
2. Date of Incorporation: 1991 **A3** 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:

3106 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: NOROTHY 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, MANAGER 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.

Sandra C. Maddox
Signature of President

Donna Thy Hinder
Signature of Secretary

SECRETARY
Signature of Manager or Agent

Subscribed and sworn to before me this 3 day of November, 2006.



Sandy Ott
Notary Public

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

A5 ate amount of cash, or certified check
CLERK, 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: _____
2. Fee Amount Received: _____

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: _____

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 *Wanda S. French*
CLERK OF THE CIRCUIT COURT
CHAMPAIGN COUNTY, ILLINOIS

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

DATE SIGNED: MAR 28 2006

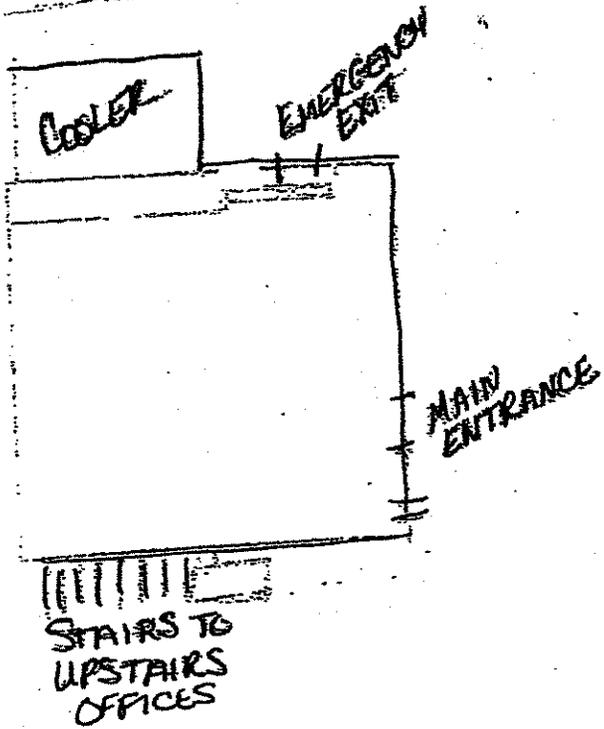
ENTER: *Chase Leonard*
Associate Judge
Judge

8.16 ACRES

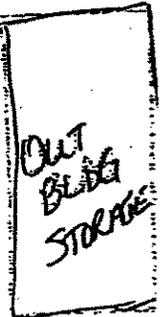
GRASS
FIELD



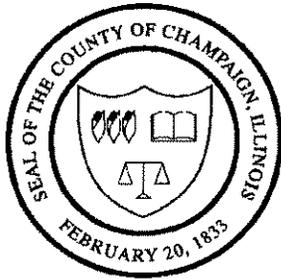
FENCED
IN
AREA



ASPHALT
PARK LOT



RT 45



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-ENT-11
\$100.00

**ELMER'S CLUB 45 INC.
DBA
CLUB 45 BANQUET HALL**

License is hereby granted to **Paul VanPelt** 1212 Windsor Rd., Champaign IL to provide Entertainment/Recreation at 3515 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission



FILED

For Office Use Only

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

NOV - 6 2006

License No.

2007-ENT-08

Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007

Mark Shelden
CHAMPAIGN COUNTY CLERK

Business Name: CLUB 45 BANQUET HALL

License Fee: \$ 100.00

Filing Fee: \$ 4.00

TOTAL FEE: DUE \$ 104.00

Checker's Signature: *[Signature]*

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: ELMERS CLUB 45, INC DBA CLUB 45 BANQUET HALL
2. Location of Business for which application is made: 3515 N. CUNNINGHAM URBANA
3. Business address of Business for which application is made: P.O. BOX 965 URBANA IL 61803
4. Zoning Classification of Property: B-3
5. Date the Business covered by Ordinance No. 55 began at this location: OCT 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): 1-1-07 TO 12-31-07
- (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 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. ON FILE

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: PAUL VAN PELT Date of Birth: _____
Place of Birth: CHAMPAIGN COUNTY 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 CLUB 45, INC
2. Date of Incorporation: 5 OCT 2003 **A11** State wherein incorporated: ILL

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 W. VANPELT Title: PRESIDENT

Date elected or appointed: 7/28/04 Social Security No. _____

Date of Birth: _____ Place of Birth: CHAMPAIGN COUNTY

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: SUPERVALU

VPLAWN CARE - OWNER
OWNER/MGR CLUB 45

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.

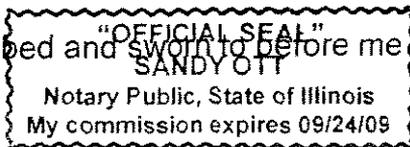
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 3 day of November, 2006.



Notary Public

This COMPLETED application along with appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN

A13 CLERK, 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: _____
2. Fee Amount Received: _____

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: _____

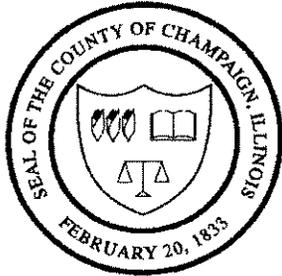
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2006-ENT-09
\$100.00

KAMS OF ILLINOIS INC
DBA
THE PINK HOUSE

License is hereby granted to **STEVE COCHRAN** 1602 Bentbrook, Champaign IL to provide Entertainment/Recreation at 2698CR 1600N Ogden IL in Champaign County from November 1, 2006 thru December 31, 2006. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A15



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)

* REVISIONS/ AMENDMENTS TO CURRENT LICENSE
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. 2006-ENT-09
Date(s) of Event(s) 01-01-06 THRU 12-31-06
Business Name: KAMS OF ILLINOIS INC
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: [Signature]

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: Kams of Illinois LLC dba The 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 81803-0844
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): Live Music, Jukebox, Karaoke, TV, Video/Arcade games D.J. or
8. Term for which License is sought (specifically beginning & ending dates): 01/01/2006 - 12/31/2006
(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. 12/31/2007
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.

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: ALLIE D. YOHNKA Date of Birth: _____
Place of Birth: CRAWFORD COUNTY Social Security No.: _____
Residence Address: 304 W. WILLIAM MONTICELLO, IL 61850
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): 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 similar restaurant/ taverns in Champaign-Urbana

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: 06/28/2 **A17** 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: 06/28/2002

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

214 W. Main Street, 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 LLC

Date elected or appointed: 06/28/2002 Social Security No.: _____

Date of Birth: _____ Place of Birth: Champaign-Urbana IL

Citizenship: _____

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

1602 Bentbrook Ct, Champaign, IL 61822

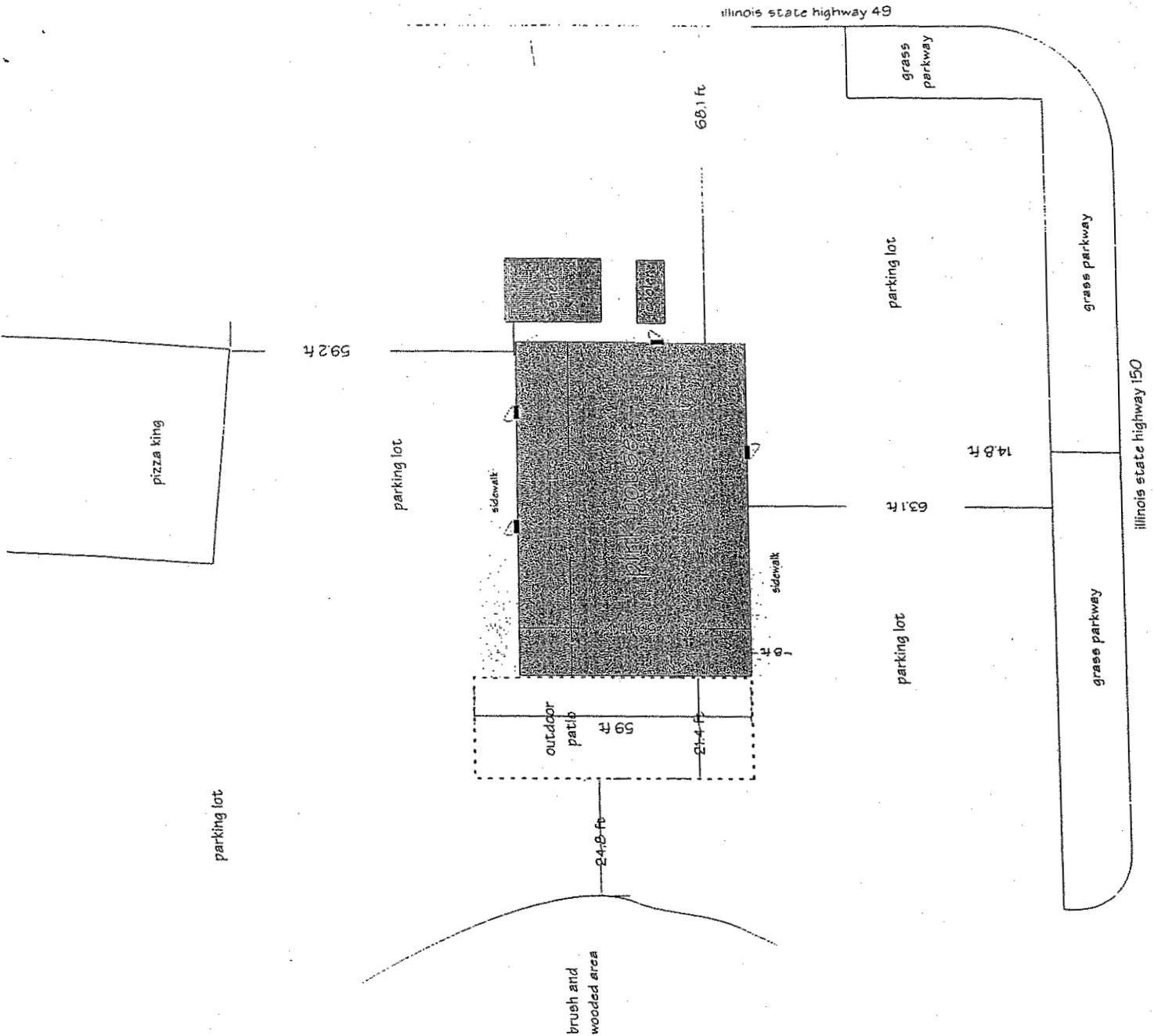
Business, occupation, or employment for four (4) years preceding date of application for
this license: owner/operator of eight similar food/beverage
establishments in Champaign-Urbana, Illinois.

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.



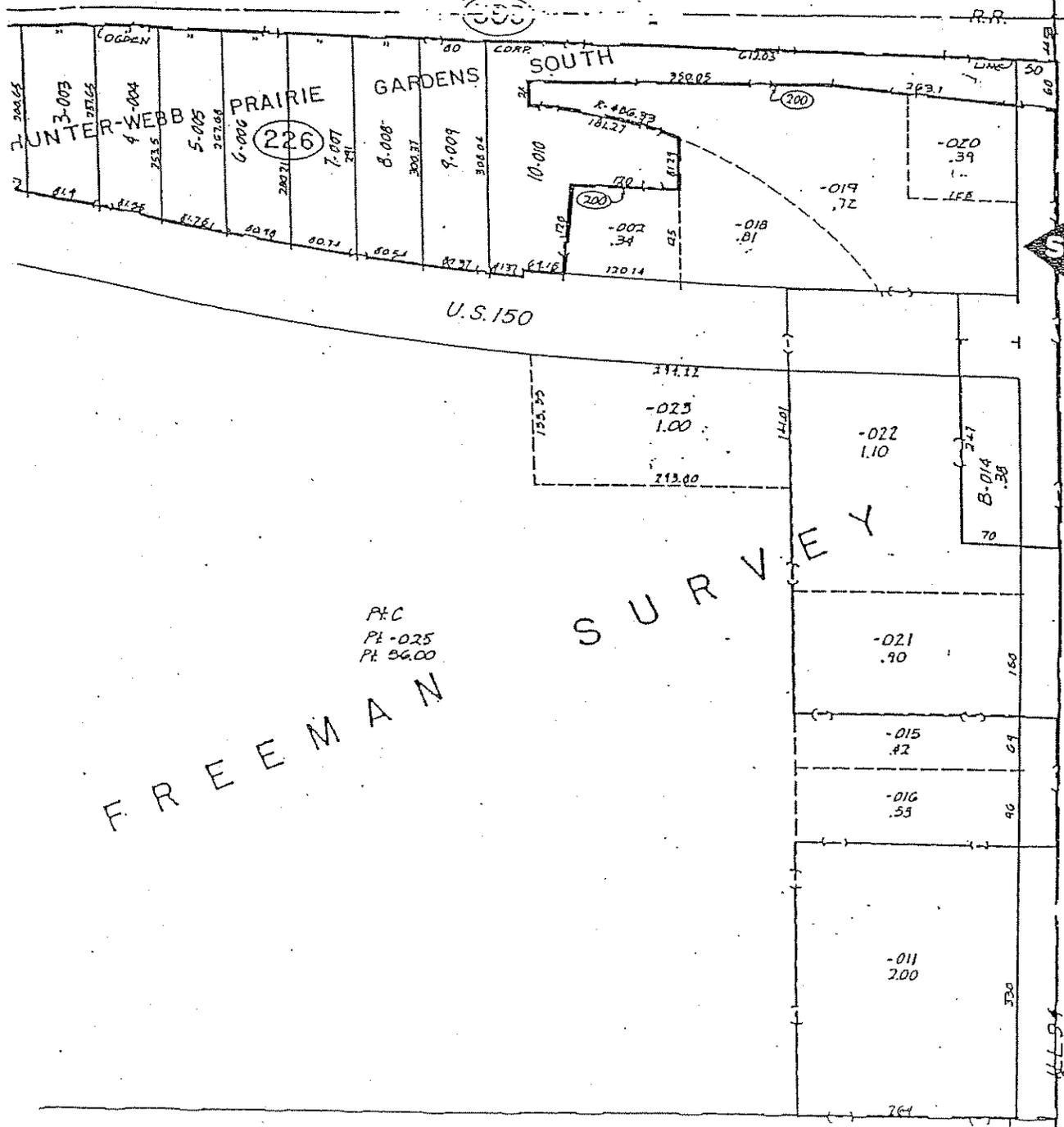
site plan

The Pink House
2698 CR 1600 N
Ogden IL 61859



ENN. CENTRAL

REVISED: JAN 1, 199.



Subject

FREEMAN SURVEY

P.C
P.L-025
P.L 36.00

200

11-15-94
24-16A

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.

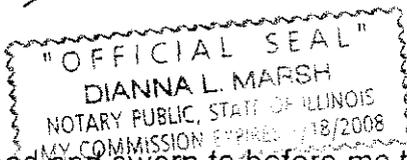
We further swear that the applicant will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of applicant's place of business.

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

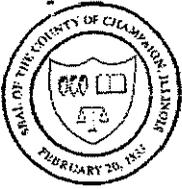
Signature of Secretary

Signature of Manager or Agent



Subscribed and sworn to before me this 20th day of October, 2006.

Dianna L. Marsh
Notary Public



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: _____
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Planning & Zoning Department

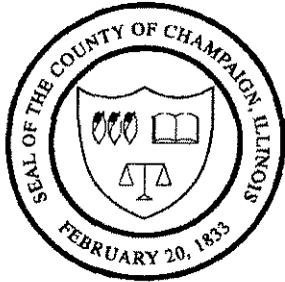
1. Proper Zoning Approval: _____ Date: _____
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Remarks and/or Conditions: _____



NOT TRANSFERABLE

**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

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

**No. 2007-ENT-09
\$100.00**

**KAMS OF ILLINOIS INC
DBA
THE PINK HOUSE**

License is hereby granted to **Scott Cochran** 1602 Bentbrook, Champaign IL to provide Entertainment/Recreation at **2698CR 1600N**, Ogden IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A23



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. 2007-ENT-019
Date(s) of Event(s) JAN. 1, THRU DEC. 31, 2007
Business Name: KAMS OF ILLINOIS INC
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 104.00
Checker's Signature: [Signature]

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: Kams of Illinois LLC dba The 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 81803-0844
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): Live Music, Jukebox, Karaoke, TV, Video/Arcade games
8. Term for which License is sought (specifically beginning & ending dates): D.P.M. JAN 01, 2007 - DEC 31, 2007
(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. 12/31/2007
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

A24

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: ALLIE D. YOHNKA Date of Birth: _____
Place of Birth: CRAWFORD COUNTY Social Security No.: _____
Residence Address: 304 W. WILLIAM MONTICELLO, IL 61856
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): 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 similar restaurant/ taverns in Champaign-Urbana

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: 06/28/20 **A25** 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: 06/28/2002

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

214 W. Main Street, 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 LLC

Date elected or appointed: 06/28/2002 Social Security No.: _____

Date of Birth: _____ Place of Birth: Champaign-Urbana IL

Citizenship: _____

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

1602 Bentbrook Ct. Champaign, IL 61822

Business, occupation, or employment for four (4) years preceding date of application for
this license: owner/operator of eight similar food/beverage
establishments in Champaign-Urbana, 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.



site plan

The Pink House
2698 CR 1600 N
Ogden IL 61859

parking lot

pizza king

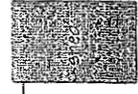
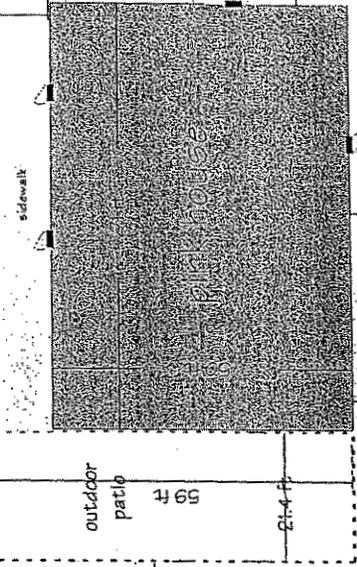
59.2 ft

parking lot

outdoor patio
59 ft

24.8 ft

brush and wooded area



68.1 ft

parking lot

63.1 ft

parking lot

14.8 ft

grass parkway

grass parkway

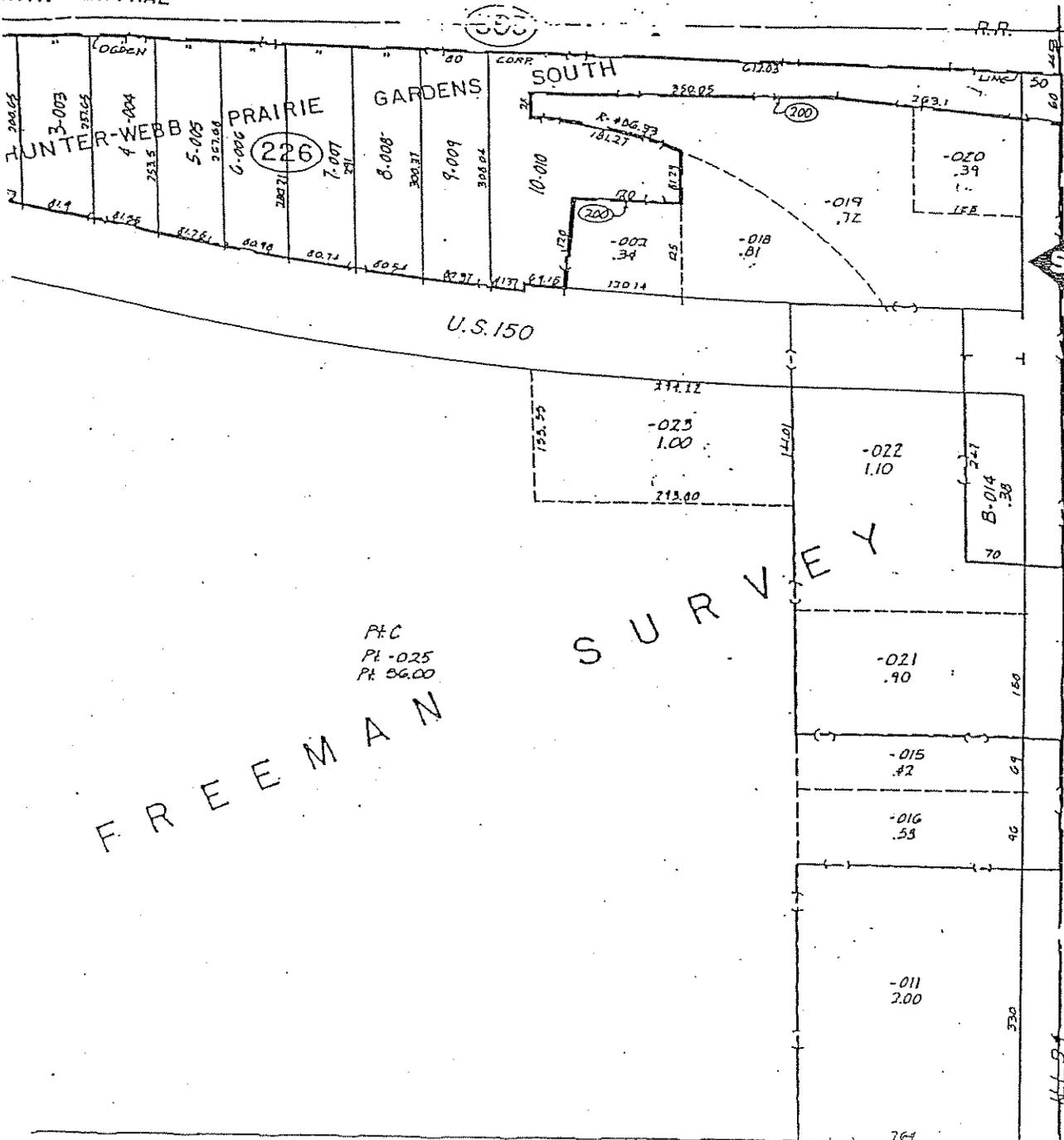
grass parkway

illinois state highway 150

illinois state highway 49

ENN. CENTRAL

REVISED: JAN 1, 199.



FREEMAN SURVEY

P&C
 Pt -025
 Pt 06.00

(200)

ALL 94
24-164

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.

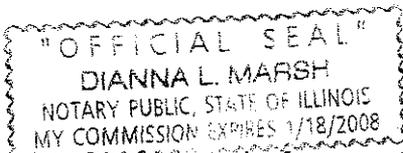
We further swear that the applicant will not violate any of the laws of the United States of America or of the State of Illinois or the Ordinances of the County of Champaign in the conduct of applicant's place of business.

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 20th day of October, 2006.

Dianna Marsh

Notary Public



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: _____
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Planning & Zoning Department

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

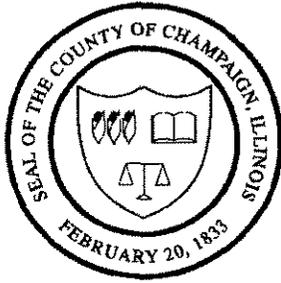
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-ENT-09
\$100.00

TINCUP RV PARK INC.

License is hereby granted to **GARY ROBINSON** 2070CR 125E, Mahomet IL to provide Entertainment/Recreation at 1715E Tincup Road Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A31



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. 2007-ENT-07
Date(s) of Event(s) JAN. 1, THRU DEC. 31, 2007
Business Name: TINCUP RV PARK INC.
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 104.00
Checker's Signature: [Signature]

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: 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, IL 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, 2007 - December 31 - 2007

(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 **A32**

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 Dr. 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: owners 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 **A33** State wherein incorporated: IL

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: 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

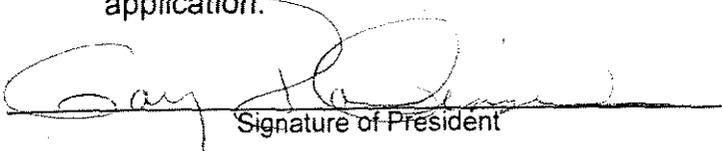
AFFIDAVIT

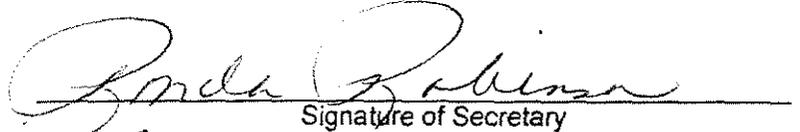
(Complete when applicant is a Corporation)

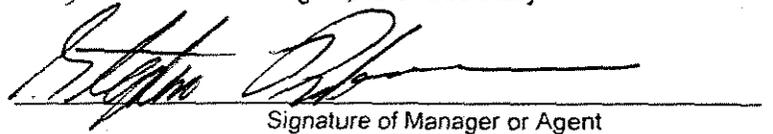
We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose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

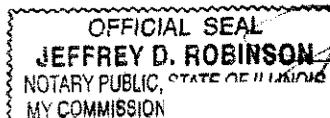
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

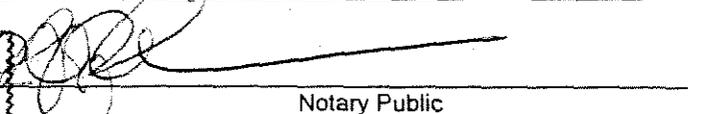

Signature of President


Signature of Secretary


Signature of Manager or Agent

Subscribed and sworn to before me this 27th day of October, 2006.




Notary Public

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

A35

late amount of cash, or certified check
CLERK, 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: _____
2. Fee Amount Received: _____

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: _____

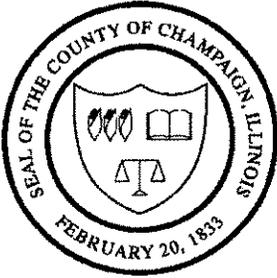
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-ENT-03
\$100.00

CURTIS ORCHARD LTD

License is hereby granted to **Paul CURTIS** 3902 S. Duncan Rd., Champaign IL to provide Entertainment/Recreation at 3902 S. Duncan Road, Champaign IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A37



STATE OF ILLINOIS,
Champaign County

FILED

NOV 3 2007

Application for: Mark Shelden
Recreation & Entertainment License
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2007-ENT-03

Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007

Business Name: CURTIS ORCHARD LTD.

License Fee: \$ 104.00

Filing Fee: \$ 4.00

TOTAL FEE: DUE \$ 104.00

Checker's Signature: [Signature]

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: Curtis Orchard Ltd.
 2. Location of Business for which application is made: _____
 3. Business address of Business for which application is made: 3902 S. Duncan Rd, Champaign, IL 61822
 4. Zoning Classification of Property: A62 w/ Major Rural Specialty Business ^{Spec Use}
 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): Retail Fruits & vegetables
 8. Term for which License is sought (specifically beginning & ending dates): 7/20/06 - 12/31/06 1/01/07 - 12-31-07 ✓ NS
- (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 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: 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

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

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

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

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.



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: _____
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Planning & Zoning Department

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

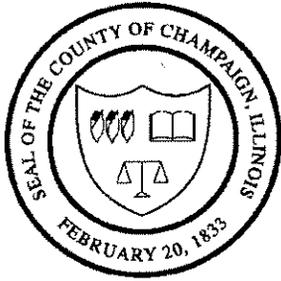
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-ENT-04
\$100.00

HIDEAWAY OF THE WOODS INC.

License is hereby granted to **ROBERT SLADE** 2110 Gunn Dr., Champaign IL to provide Entertainment/Recreation at 809 S. Prairieview Road, Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A46



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

FILED

NOV 3 2006

Mark Sheldon

For Office Use Only

License No. 2007-ENT-04
Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007

Business Name: HIDEAWAY OF THE WOODS INC

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)

License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 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: Hideaway of the Woods Grill & Bar
 2. Location of Business for which application is made: 809 E Prairieview Rd
 3. Business address of Business for which application is made: _____
 4. Zoning Classification of Property: _____
 5. Date the Business covered by Ordinance No. 55 began at this location: Restaurant & Bar
 6. Nature of Business normally conducted at this location: Restaurant & Bar
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): D.J. Karaoke Live Music
 8. Term for which License is sought (specifically beginning & ending dates): 1 year
JAN 1 2007 DEC 31 2007
- (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

A47

AND WILL BE RETURNED TO APPLICANT

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



Jesse White - Secretary of State

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

ROBERT R SLADE
 2110 GUNN DRIVE
 CHAMPAIGN IL 61821

EXPIRES
 11-07-06



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

If, during the license period, a new applicant MUST furnish the County Clerk within ten (10) days.

Robert R. Slade

business, the new manager or agent within

Information requested in the individual, or by all members of partnership.



Jesse White - Secretary of State

If the applicant is a corporation supplied for the corporation

GARY A COX
 1007 BEAVER CREEK LANE
 MAHOMET IL 61853

EXPIRES
 05-12-05



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

applicant, if an applicant is a

n D must be

ty Clerk, if

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

Date of Birth: _____ Place of Birth: Champaign
 Social Security Number: _____ Citizenship: U.S.

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:

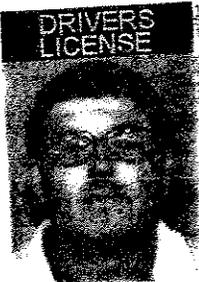
Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security No.: _____
Residence Address: _____
Citizenship: _____ If naturalized, place and date of naturalization: _____

If, during the license term, the applicant is hired to conduct this business, the information for the new manager or agent within _____



Jesse White - Secretary of State

EXPIRES 8-04-05



JEFFREY E SLADE
1305 E JEFFERY
MAHOMET IL 61853

Birthdate: _____ Sex: _____
Male 6'01" 200 lbs HZL Eyes
Restrictions: _____ Type: _____ Class: _____
B. ORG D

Jeff Slade

Information must be supplied by the applicant, if an agent or partner, if the applicant is a partner.

Information required under Section D must be provided.

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: _____ 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 supplied for the corporation must be furnished to the County Clerk, if necessary, for attachment to this application.

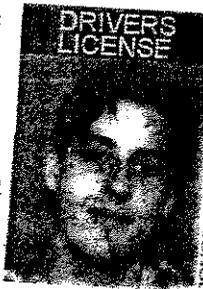
Additional forms completed by the applicant, if necessary, for attachment to this application.

Illinois
NUMBER

Jesse White - Secretary of State

CARTER W. PHILLIPS
1894 COUNTY RD 1600 N
URBANA IL 61802

EXPIRES
1-28-04



Birthdate: 6'04" 210 lbs
Male
Restrictions: Type: BRN Eyes
ORG: Class: D

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

Section D must be completed by the applicant, if an individual, or by all members of the partnership, if the applicant is a partnership.

the County Clerk, if necessary, for attachment to this application.

1. 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: _____

2. Residential Addresses for the past three (3) years: 1894 CE 1600 N
URBANA IL 61802

3. 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:

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

2. Date of Incorporation: _____ **A50** e wherein incorporated: _____

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): Robert Stale
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

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 Bull & Dog Inc.
2. Date of Incorporation: August 200 **A51** e 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:

509 S. Main Street - Rt. 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 Stede Title: President

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

Date of Birth: _____ Place of Birth: Ribson City Illinois

Citizenship: U.S.

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.

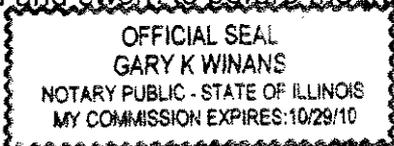
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this _____ day of NOVEMBER, 2006.



Notary Public

This COMPLETED application along w
made available to MARK SHELDEN, CHAMPA

A53

iate amount of cash, or certified check
CLERK, 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: _____
2. Fee Amount Received: _____

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: _____

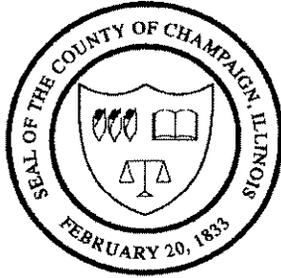
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



NOT TRANSFERABLE

**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

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

**No. 2007-ENT-10
\$100.00**

UNCLE BUCK'S SPORTS BAR INC.

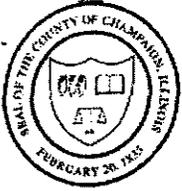
License is hereby granted to **Thomas G. Eichelberger** 608 N. Lake of The Woods Road, Mahomet IL to operate Entertainment/Recreation at 215 S. Lake of The Woods Road, Mahomet IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

555



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. 2007-ENT-10
Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007
Business Name: UNCLE BUCK'S SPORTS BAR LI
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 104.00
Checker's Signature: [Signature]

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: Uncle Bucks Sports Bar
2. Location of Business for which application is made: 215 S. L.O.W. Rd
Mohawk, IL
3. Business address of Business for which application is made: Same AS #2
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 & Grill
7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ, JUKE BOX, TV. (us)
8. Term for which License is sought (specifically beginning & ending dates): 1-07 - 12-31-07

(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 **A56**

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: TERESA L. EICHELBERGER Date of Birth: _____
Place of Birth: GIBSON CITY, IL Social Security No.: _____
Residence Address: MAHOMET, IL
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): SAME
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:
SCBS
2. Date of Incorporation: ON state wherein incorporated: ON FILE

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

No

Give first date qualified to do business in Illinois: _____

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

~~215 S. L.O.W. Rd~~ 215 S. L.O.W. Rd
MORNING, IL

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

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

om Echelbay

Name of Officer: ~~SAUER~~ SAUER Title: Owner - Pres
Date elected or appointed: 1992 Social Security No.: _____
Date of Birth: _____ Place of Birth: CHICAGO
Citizenship: US
If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years:

409 N. L.O.W. Rd MORNING, IL

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

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.

ONE FILE See Attached

1200
300
1500



Whereas, ARTICLES OF INCORPORATION OF
 UNCLE BUCK'S SPORT BAR, INC.
 INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
 FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
 BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 20TH day of MAY A.D. 1992 and of the Independence of the United States the two hundred and 16TH.*



George H. Ryan
 SECRETARY OF STATE
A59

(Rev. Jan. 1991)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 5-29-92

Franchise Tax \$

Filing Fee \$

Approved: Z

25.00
75.00
100.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. CORPORATE NAME: UNCLE BUCK'S SPORT BAR, INC.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Thomas G. Eichelberger
First Name Middle Initial Last name

Initial Registered Office: RR 3, Box 49 Street Suite #
Number Street Suite #
Mahomet 61853 Champaign
City Zip Code County

3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>Common</u>	<u>\$ N/A</u>	<u>500</u>	<u>100</u>	<u>\$ 1,000.00</u>

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: 2
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address
✓ Thomas G. Eichelberger	602-6 Lake of the Woods Apt., Mahomet, IL 61853
✓ Patricia B. Wamsley	602-6 Lake of the Woods Apt., Mahomet, IL 61853

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. OPTIONAL: OTHER PROVISIONS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated May 15, 19 92.

Signature and Name	Address
1. <u>Thomas G. Eichelberger</u> Signature <u>Thomas G. Eichelberger</u> (Type or Print Name)	1. <u>602-6 Lake of the Woods Apt.</u> Street <u>Mahomet, Illinois 61853</u> City/Town State Zip Code
2. _____ Signature _____ (Type or Print Name)	2. _____ Street _____ City/Town State Zip Code
3. _____ Signature _____ (Type or Print Name)	3. _____ Street _____ City/Town State Zip Code

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State Springfield, IL 62756
 Department of Business Services Telephone (217) 782-9522

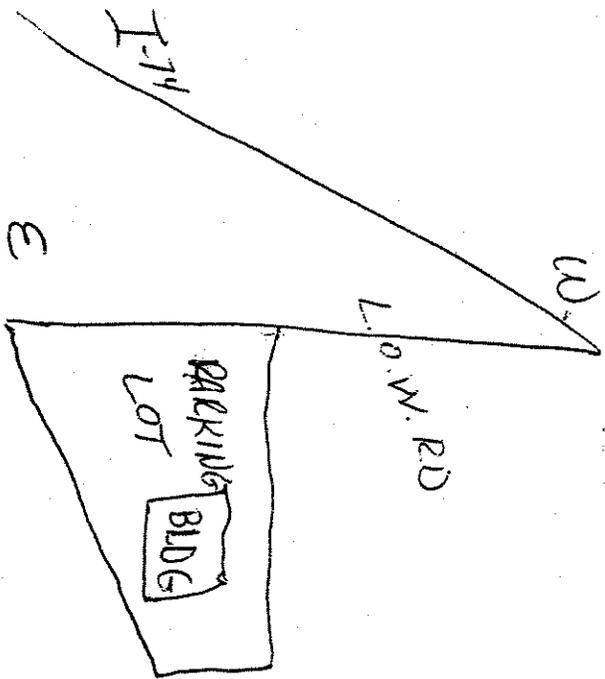
FILED
 MAY 20 1992
 GEORGE H. RYAN
 SECRETARY OF STATE

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D.T. to: Las. H. Bierman

A61

7



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.

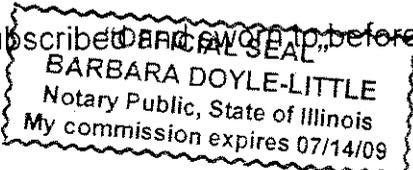
Thomas J. Schallberger

Signature of President

Signature of Secretary

Signature of Manager or Agent

Subscribed and sworn to before me this 7th day of November, 2006.



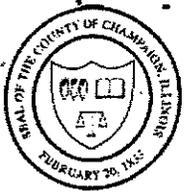
Barbara Doyle-Little

Notary Public

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

A63

appropriate amount of cash, or certified check / CLERK, 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: _____

2. Fee Amount Received: _____

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: _____



NOT TRANSFERABLE

STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE No. 2007-ENT-13 \$100.00

LAST CALL FOR ALCOHOL INC

License is hereby granted to **Sheri Kaufman** 108 Walnut, Penfield IL to provide Entertainment/Recreation at 105 N. Main, Penfield IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Sheldon, Champaign County Clerk

Chairman, Champaign County License Commission



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

FILED

NOV - 6 2006

Mark Shelden
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2007-ENT-11
Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007
Business Name: LAST CALL FOR ALCOHOL INC
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: \$ 104.00
Checker's Signature: *MS*

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: LAST CALL for Alcohol, Inc
2. Location of Business for which application is made: 105 Main St. P.O. Box 143 Penfield IL 61862
3. Business address of Business for which application is made: P.O. Box 143 Penfield IL 61862
4. Zoning Classification of Property: Business
5. Date the Business covered by Ordinance No. 55 began at this location: 9/7/06
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's, Karaoke
8. Term for which License is sought (specifically beginning & ending dates): ~~4th of July~~ ~~Nov. 23~~ ~~Aug 6~~ ~~MARCH 4~~ 11/07 thru 12/31/07
(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 Country Fair Dr. Champaign IL 61821 8/21/2021
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 RETURNED TO APPLICANT

NOT CONSIDERED FOR A LICENSE

A66

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: Sheei Kaufman Date of Birth: _____
Place of Birth: Paxton IL Social Security No.: _____
Residence Address: 108 Walnut 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 **A67** 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:

105 N. Main St. P.O. Box 143
Penfield IL 61862

5. Objects of Corporation, as set forth in charter: BAR + TAVERN

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: 108 Walnut St. Penfield IL

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

#6 Aviation Center Dr.
Rantoul IL 61866 3 1/2 yrs.

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.

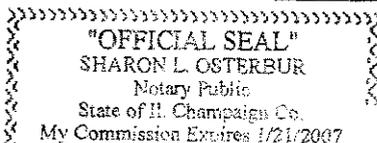
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Shari Kaufman
Signature of President

Shari Kaufman
Signature of Secretary

Shari Kaufman
Signature of Manager or Agent

Subscribed and sworn to before me this 3rd day of November, 2006.

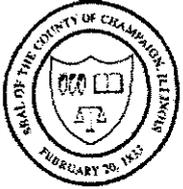


Sharon L. Osterbur
Notary Public

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

A69

ate amount of cash, or certified check
CLERK, 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: _____
2. Fee Amount Received: _____

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: _____

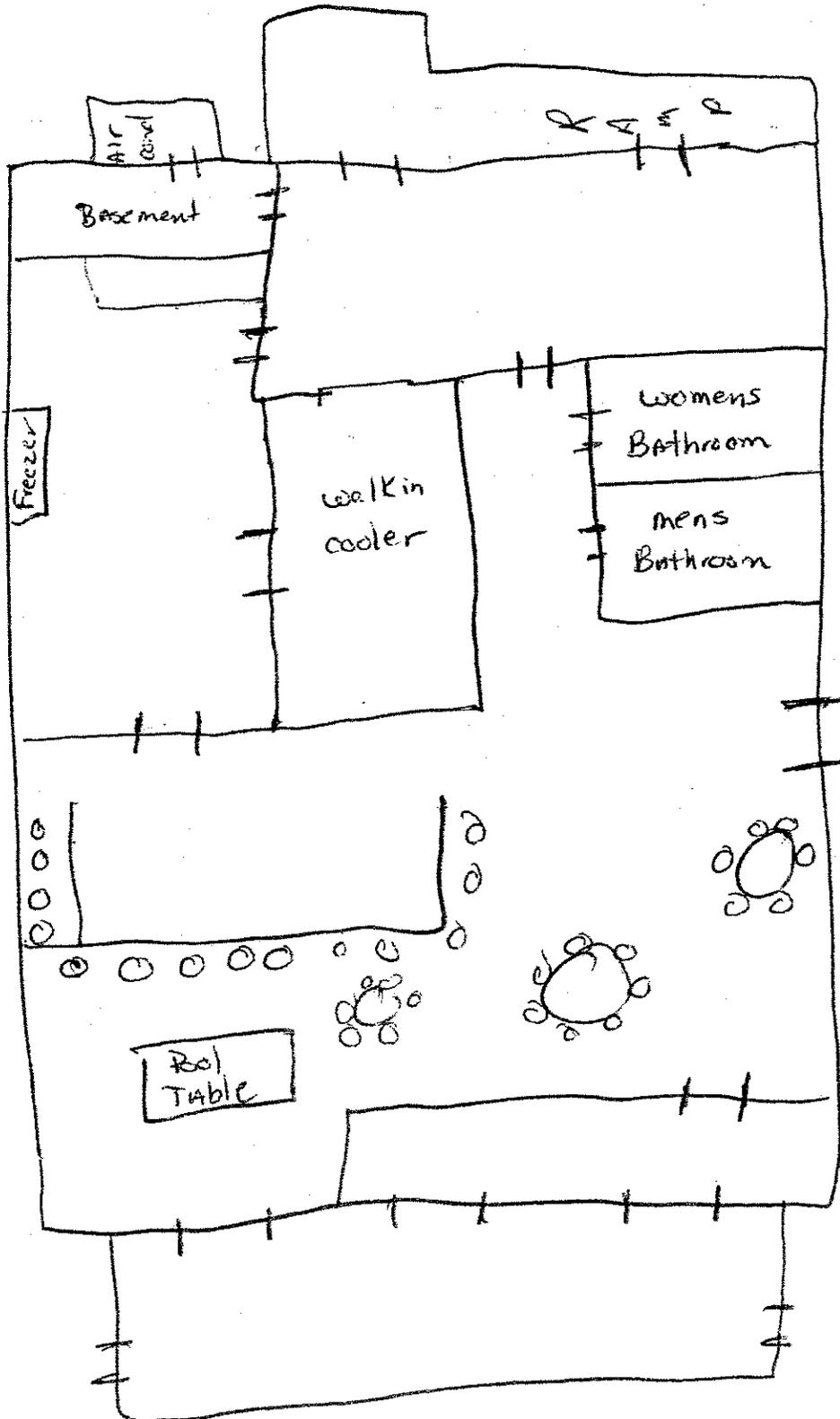
Environment & Land Use Committee

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

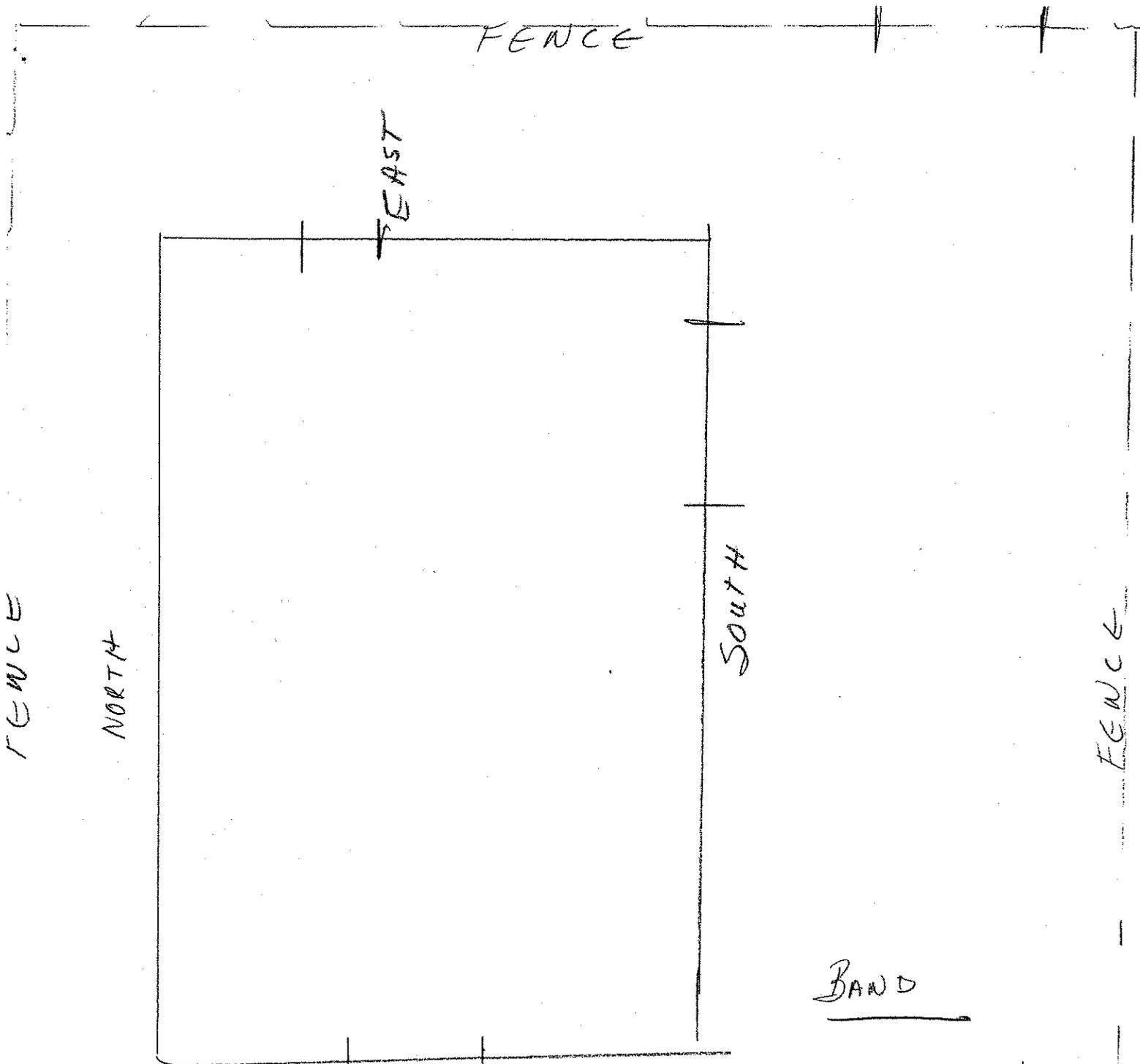
Signature: _____

Remarks and/or Conditions: _____

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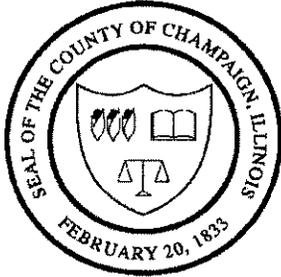


all outside AREA is fenced in during outside events

WEST
FENCE

A72

Drawn by



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-ENT-01
\$100.00

THE OASIS OF PENFIELD INC

License is hereby granted to **Rebecca Hanson-Humphrey** 107 W. Plumb, Gifford IL to provide Entertainment/Recreation at 2705CR 3000N, Penfield IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A73



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

NOV - 3 2006

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

For Office Use Only

License No. 2007-ENT-01
 Date(s) of Event(s) JAN. 1 - DEC. 31, 2007
 Business Name: THE OASIS OF PENFIELD INC.
 License Fee: \$ 100.00
 Filing Fee: \$ 4.00
 TOTAL FEE: DUE \$ 104.00
 Checker's Signature: NA

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: The Oasis of Penfield, Inc.
 2. Location of Business for which application is made: 2705 Cal. Rd. 3000 N Penfield, Inc. 61862
 3. Business address of Business for which application is made: 2705 Cal. Rd. 3000 N Penfield, IL 61862
 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: Restaurant / Bar
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): DJ, Karaoke, Bands, Amusement Machines, Jukebox
 8. Term for which License is sought (specifically beginning & ending dates): Jan 1, 2007 - Dec 31, 2007
- (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~~ 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 Vespe S 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 **A74**

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: _____ 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): Rebecca Hanson-
Humphrey (Becky) (Gallagher)
Date of Birth: _____ Place of Birth: Champaign/ Urbana
Social Security Number: _____ Citizenship: Citizen
If naturalized, state **place and date** of naturalization: _____
2. Residential Addresses for the past three (3) years: 107 W. Plum St., Gifford, IL
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: The Oasis of Peoria, 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:
The Oasis of Peoria, Inc.
2. Date of Incorporation: Jan. 1995 **A75** 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:

2705 Corp. 300N Parkfield, IL 61862

5. Objects of Corporation, as set forth in charter: Service, Quality food

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

Name of Officer: Rebecca Hanson-Humphrey Title: President

Date elected or appointed: Sept. 7, 2004 Social Security No.: _____

Date of Birth: _____ Place of Birth: Urbana / Mercy Hospital

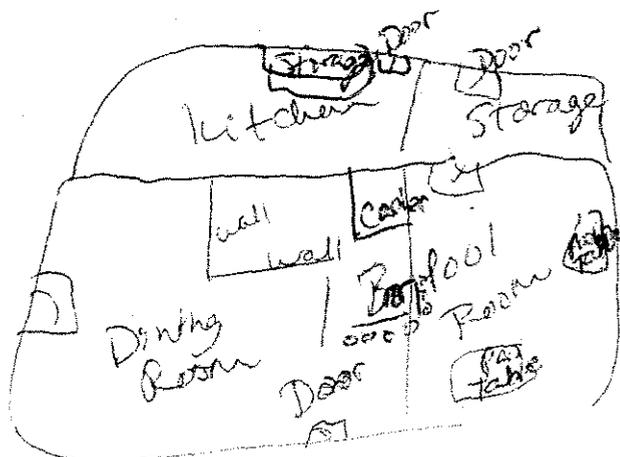
Citizenship: U.S. Citizen

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 107 W. Plum St. Gifford IL

Business, occupation, or employment for four (4) years preceding date of application for this license: The Oasis of Parkfield, Inc.

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.

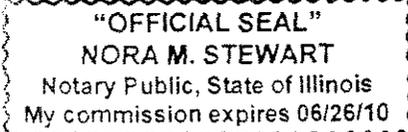
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.

Rebecca Ann Hoyer
Signature of President

Rebecca Ann Hoyer
Signature of Secretary

Rebecca Ann Hoyer
Signature of Manager or Agent

Subscribed and sworn to before me this 3rd day of November, 2006.



Nora M. Stewart
Notary Public



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: _____
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Planning & Zoning Department

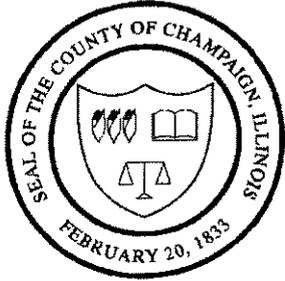
1. Proper Zoning Approval: _____ Date: _____
2. Restrictions or Violations Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2006-ENT-02
\$100.00

ROCK THE SHED INC.

License is hereby granted to **STEVEN WILLARD** 552CR 2425N, Dewey IL to provide Entertainment/Recreation at 552CR 2425N, Dewey IL in Champaign County from November 1, 2006 thru December 31, 2006. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

A79



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

FILED

OCT 31 2006

Mark Shelden
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2006-02
Date(s) of Event(s) Yearly
Business Name: ROCK THE SHED INC
License Fee: \$ ~~10.00~~
Filing Fee: \$ 4.00
TOTAL FEE: \$ _____
Checker's Signature: MS

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: rock the shed inc.
 2. Location of Business for which application is made: 556 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 venues
 7. Nature of Activity to be licensed (include all forms of recreation and entertainment to be provided): live music
 8. Term for which License is sought (specifically beginning & ending dates):
11/01/06 - 12/31/06
(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. Month to month 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
AND WILL BE RETURNED **A80**

CONSIDERED FOR A LICENSE
APPLICANT

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): Steven L. Willard
Date of Birth: _____ Place of Birth: Champaign, IL
Social Security Number: _____ Citizenship: U.S. Citizen
If naturalized, state place and date of naturalization: _____
2. Residential Addresses for the past three (3) years: 552 CR, 2425 N. Dewey, IL 61840
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: University of 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: rock the shed, inc.
2. Date of Incorporation: 3/4/0 **A81** 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:

552 CR, 2425 N, Dewey, IL 61840

5. Objects of Corporation, as set forth in charter: drug-free alcohol free safe
environment for teens

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

Name of Officer: Steven Willard Title: President

Date elected or appointed: 3/4/05 Social Security No.: _____

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

Citizenship: U.S. Citizen

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: _____

552 CR, 2425 N, Dewey, IL 61840

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 **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

[Signature]
Signature of Secretary

Steve Willard
Signature of Manager or Agent

Subscribed and sworn to before me this 230th day of October, 2006.



Carol Kaineg
Notary Public

This COMPLETED application along with the amount of cash, or certified check

A83

LERK, 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: _____
2. Fee Amount Received: _____

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: _____

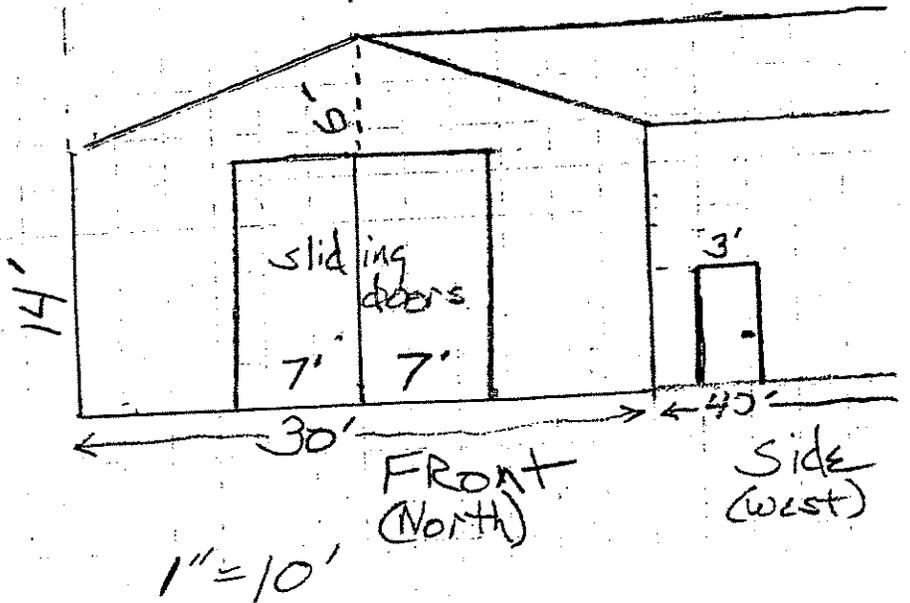
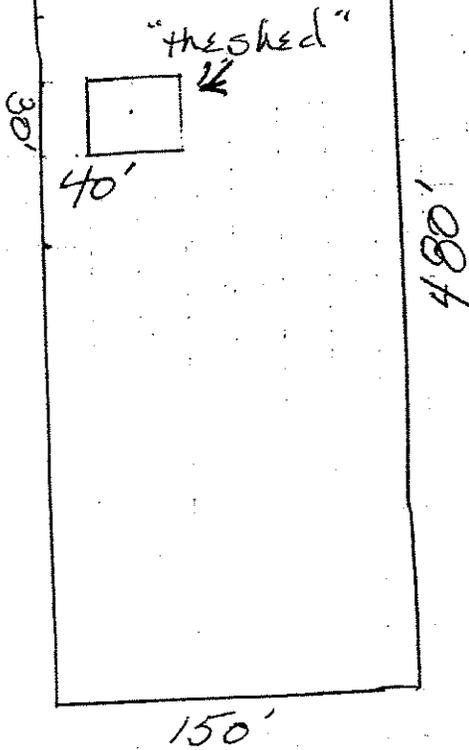
Remarks and/or Conditions: _____

150'

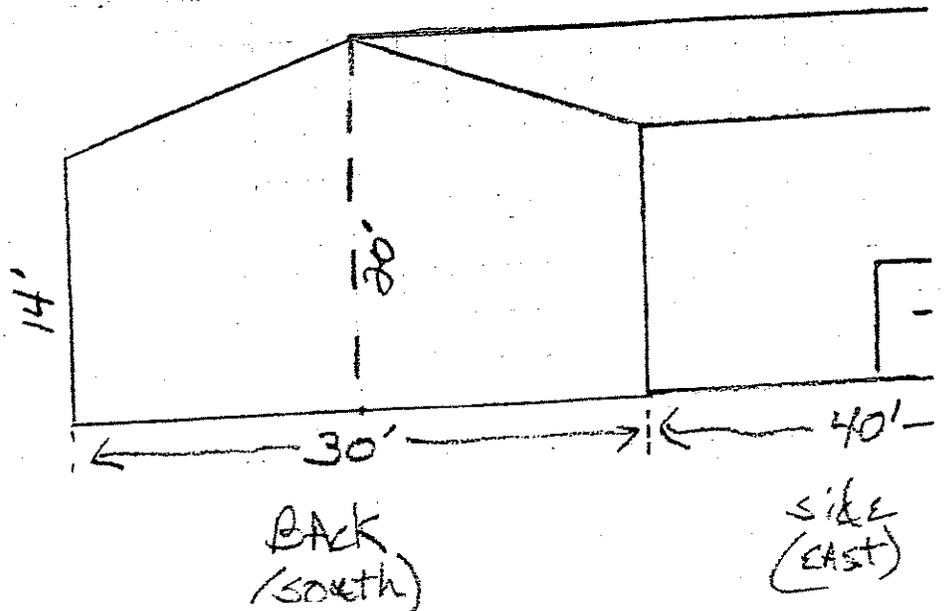
550 East

North
→

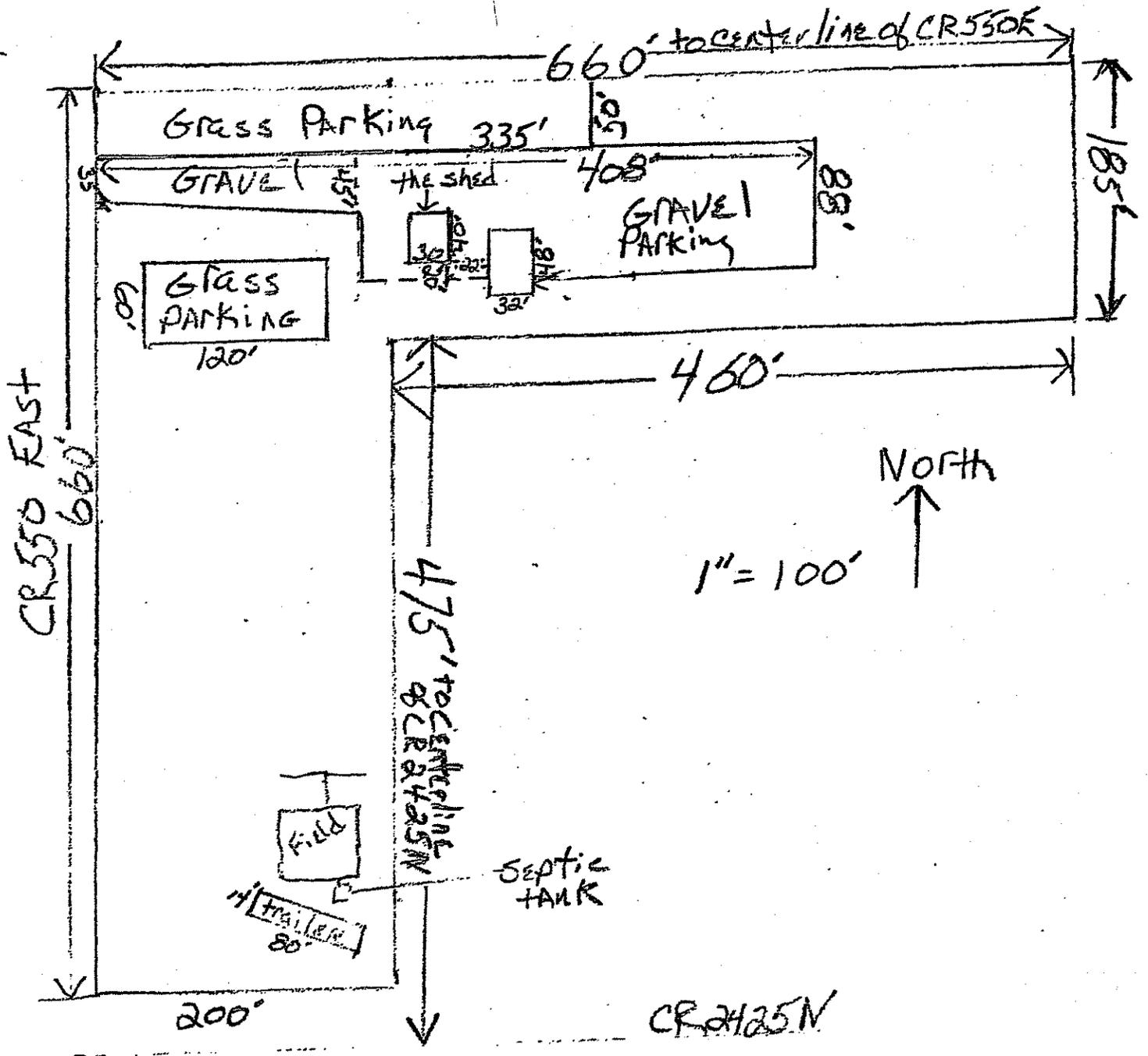
CASE # 497-AM-05



1" = 80'



CASE# 497-AM-05



CASE# 497-AM-05

10.00

1000

-009

29.00

(Blue)

Reel parking lot - 65 ft wide

(Red)
GRASS PARKING
for 40+ vehicles

10.00

1003
200
165 264

400

326

302

302

409.77

1
-001

2
-002

3
-003

FARMS
4
-004

130

Sherry Newton - Secretary
1306 E. Kimela
Mahomet, IL 61853
appointed 3/4/05

Place of birth: India

U.S. Citizen

employment: Alan G. Ryle Companies

Micah Boyce - Vice President
202 W. Koplun

Cissna Park, IL 60924

appointed: 3/4/05

Place of birth: Urbana, IL

U.S. Citizen

employment: musician

2005R06141

FORM NFP 102.10 (rev. Dec. 2003)
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State.

FILED
MAR 04 2005
JESSE WHITE
SECRETARY OF STATE

RECORDED ON
03/09/2005 01:36:33PM
CHAMPAIGN COUNTY
RECORDER
BARBARA A. FRASCA
REC FEE: 25.00
REV FEE:
PAGES: 3
PLAT ACT: 0
PLAT PAGE:

File # 641-827-7 Filing Fee: \$ 50.00 Approved:

Submit in duplicate Type or Print clearly in black ink Do not write above this line

Article 1. The name of the corporation is: rock the shed, inc.

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent	<u>Steven</u>	<u>L.</u>	<u>Willard</u>
	First Name	Middle Name	Last Name
Registered Office	<u>552 CR 2425 N</u>		
	Number	Street	(Suite #) (A P.O. Box alone is not acceptable)
	<u>Dewey</u>	<u>IL 61840</u>	<u>Champaign</u>
	City	ZIP Code	County

Article 3: The first Board of Directors shall be 5 (five) in number, their names and addresses being as follows: (Not less than three)

Directors Names	Street Address	City	State	ZIP Code
<u>Steven L. Willard,</u>	<u>552 CR 2425 N,</u>	<u>Dewey,</u>	<u>IL</u>	<u>61840</u>
<u>Peter Ruedi,</u>	<u>1308 E. Kimela Dr.,</u>	<u>Mahomet,</u>	<u>IL</u>	<u>61853</u>
<u>Sherry Newton,</u>	<u>1306 E. Kimela Dr.,</u>	<u>Mahomet,</u>	<u>IL</u>	<u>61853</u>
<u>Micah Boyce,</u>	<u>1072 Pomona Dr.,</u>	<u>Champaign,</u>	<u>IL</u>	<u>61822</u>
<u>Brian Maroon,</u>	<u>205 E. Briarcliff,</u>	<u>St. Joseph,</u>	<u>IL</u>	<u>61873</u>

Article 4. The purposes for which the corporation is organized are:

See Attached

After recording,
return to: David C. Thies
Webber & Thies, P.C.
P.O. Box 189
Urbana, IL 61803-0189

(over)

Article 4. (continued)

Is this corporation a Condominium Association as established under the Condominium Property Act? Yes No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? Yes No (Check one)

Is this corporation a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? Yes No

Article 5. Other provisions (please use separate page if additional space is needed):

See Attached

Article 6. NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated February 28, 2005 (Month & Day) (Year)

SIGNATURES AND NAMES

POST OFFICE ADDRESS

1. [Signature] Steven L. Willard
Signature
Steven L. Willard
Name (please print)
2. Signature
Name (please print)
3. Signature
Name (please print)
4. Signature
Name (please print)
5. Signature
Name (please print)

1. 552 CR 2425 N
Street
Dewey IL 61840
City/Town State ZIP
2. Street
City/Town State ZIP
3. Street
City/Town State ZIP
4. Street
City/Town State ZIP
5. Street
City/Town State ZIP

(Signatures must be in BLACK INK on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
• The registered agent cannot be the corporation itself.
• The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
• The registered office may be, but need not be, the same as its principal office.
• A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

**Attachment to Articles of Incorporation for
rock the shed, inc.**

Article 4

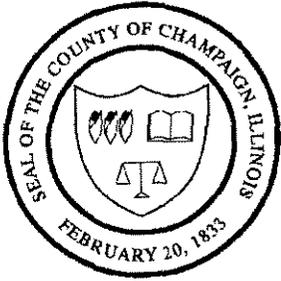
The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article 5

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 4. No substantial part of the activities of the corporation shall be the carrying on the propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

NOT TRANSFERABLE



**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

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

**No. 2007-ENT-02
\$100.00**

ROCK THE SHED INC.

License is hereby granted to **STEVEN WILLARD** 552CR 2425N, Dewey IL to provide Entertainment/Recreation at 552CR 2425N, Dewey IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission



STATE OF ILLINOIS
Champaign County
Application for:
Recreation & Entertainment

FILED

OCT 31 2006

Mark Shelden
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)

For Office Use Only

License No. 2007-02
Date(s) of Event(s) yearly 2007
Business Name: ROCK THE SHED INC
License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUC \$ 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: rock the shed, inc.
 2. Location of Business for which application is made: 556 CR, 2425 N, Dewey, IL 61840
 3. Business address of Business for which application is made: 552 CR, 2425, 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
 8. Term for which License is sought (specifically beginning & ending dates): 1/1/07 - 12/31/07
(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, month to month 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

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): Steven L. Willard
Date of Birth: _____ Place of Birth: Champaign, IL
Social Security Number: _____ izenship: U. S. Citizen
If naturalized, state place and date of naturalization: _____
- 2. Residential Addresses for the past three (3) years: 552 CR, 2425 N, Dewey, IL 61840
- 3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: University of 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: rock the shed inc.
 - 2. Date of Incorporation: 3/4/0 A 94 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:

552 CR, 2425 N, Dewey, IL 61840

5. Objects of Corporation, as set forth in charter: drug-free alcohol free safe
environment for teens

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

Name of Officer: Steven Willard Title: President

Date elected or appointed: 3/4/05 Social Security No.: _____ 7

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

Citizenship: U.S. Citizen

If naturalized, place and date of naturalization: _____

Residential Addresses for past three (3) years: 552 CR, 2425 N,
Dewey, IL 61840

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 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 S. N...
Signature of Secretary

Steve Willard
Signature of Manager or Agent

Subscribed and sworn to before me this 29th day of October, 2006.



Carol Kaineg
Notary Public



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: _____
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: _____

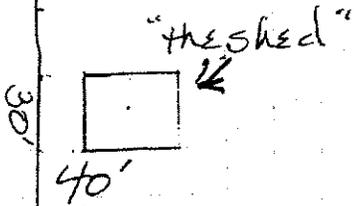
150'

550 East

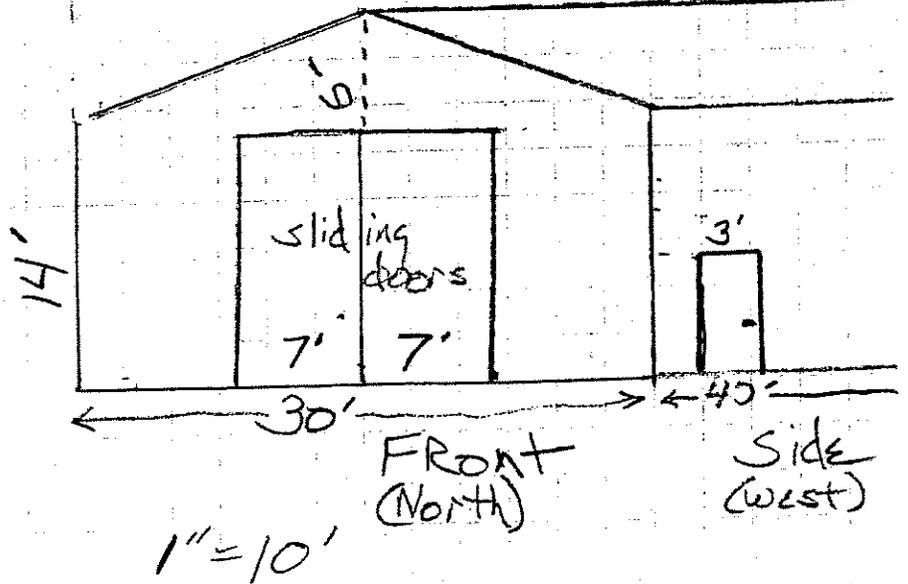
North



CASE # 497-AM-05

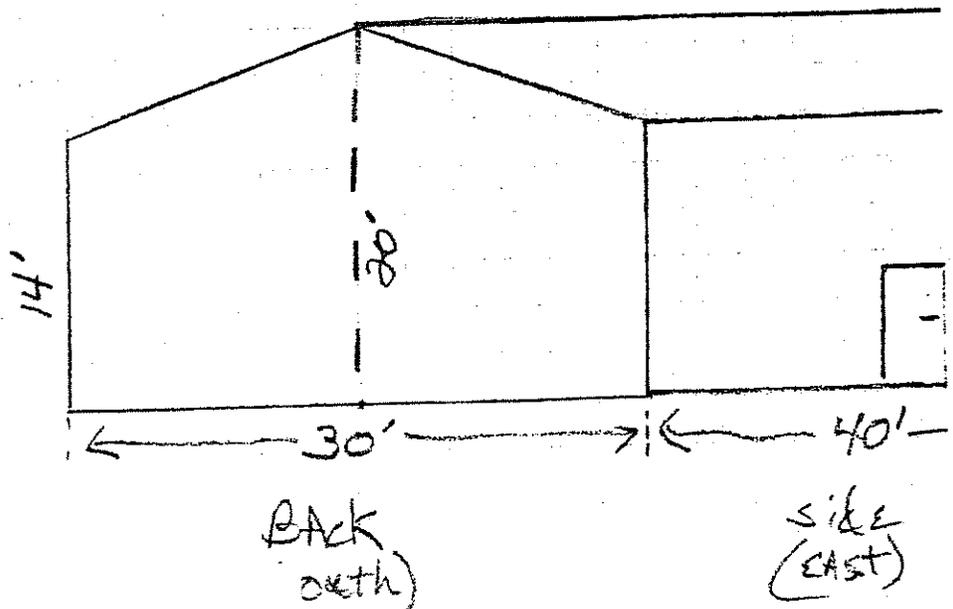


480'



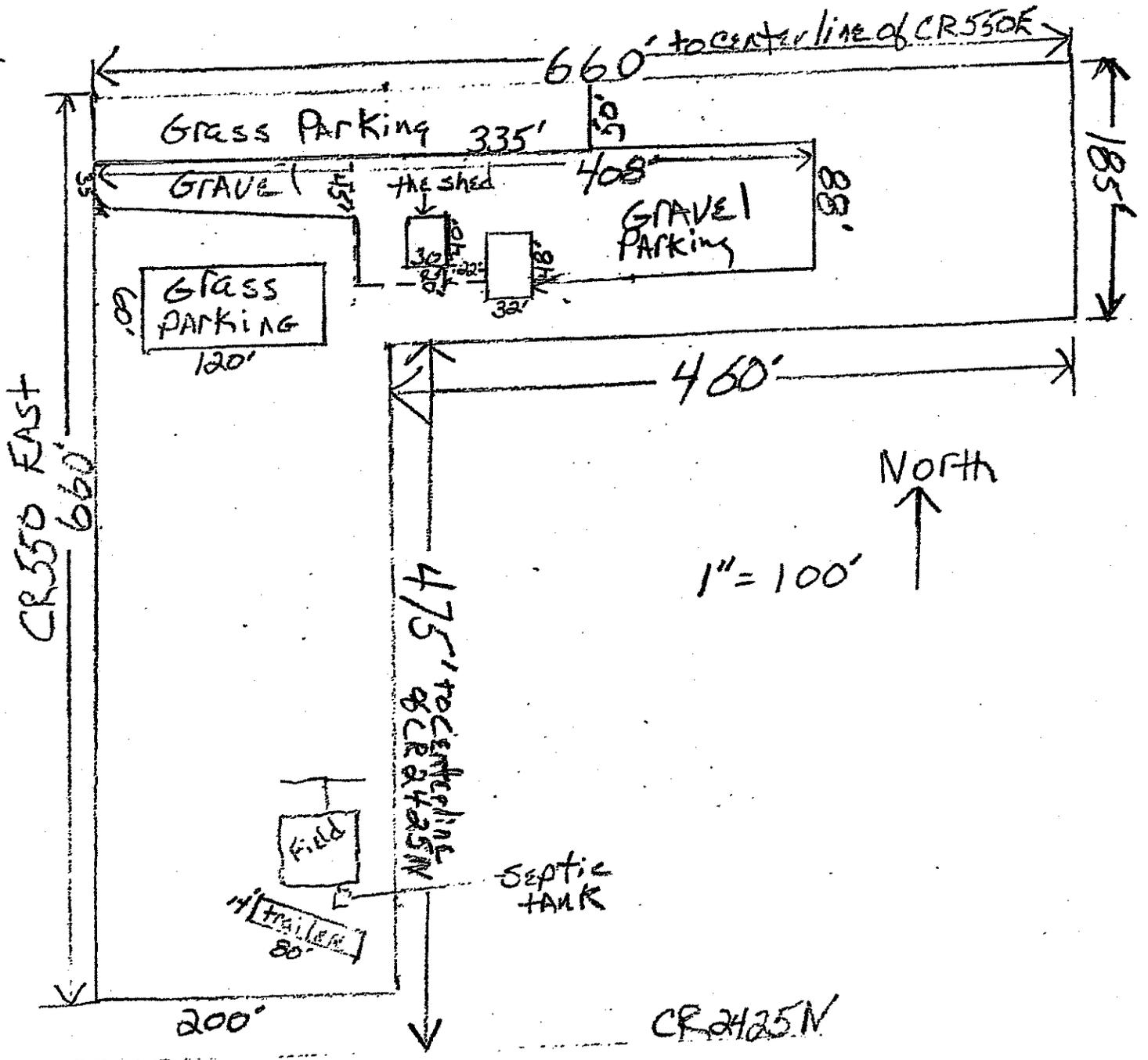
150'

1" = 80'



A98

CASE # 497-AM-05



15551

CASE #497-AM-05

1" = 100'

10.00

6

-009

29.00

(Blue)

Reel parking for 6 trucks

(Red)

GRASS PARKING
for 40+ vehicles

-004

10.00

400

300
300
204

326

302

302

403.77

1
-001

2
-002

5
-003

4
-004
ARMS

130

Secretary
Sherry Newton - Treasurer
1306 E. Kimela
Mahomet, IL 61853
appointed 3/4/05

Place of birth: India
U.S. Citizen
employment: Alan G Ryle Companies.

Micah Boyce - Vice President
202 W. Replin
Cissna Park, IL 60924
appointed: 3/4/05

Place of birth: Urbana, IL
U.S. Citizen
employment: musician

2005R06141

RECORDED ON

03/09/2005 01:36:33PM

CHAMPAIGN COUNTY
RECORDER
BARBARA A. FRASCA

REC FEE: 25.00

REV FEE:

PAGES: 3

PLAT ACT: 0

PLAT PAGE:

FORM **NFP 102.10** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.

FILED

MAR 04 2005

JESSE WHITE
SECRETARY OF STATE

File # 6411-827-7 Filing Fee: \$ 50.00 Approved:

Submit in duplicate Type or Print clearly in black ink Do not write above this line

Article 1. The name of the corporation is: rock the shed, inc.

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent	<u>Steven</u>	<u>L.</u>	<u>Willard</u>
	First Name	Middle Name	Last Name
Registered Office	<u>552 CR 2425 N</u>		
	Number	Street	(Suite #) (A P.O. Box alone is not acceptable)
	<u>Dewey</u>	<u>IL 61840</u>	<u>Champaign</u>
	City	ZIP Code	County

Article 3: The first Board of Directors shall be 5 (five) in number, their names and addresses being as follows: (Not less than three)

Directors Names	Street Address	City	State	ZIP Code
Steven L. Willard,	552 CR 2425 N,	Dewey,	IL	61840
Peter Ruedi,	1308 E. Kimela Dr.,	Mahomet,	IL	61853
Sherry Newton,	1306 E. Kimela Dr.,	Mahomet,	IL	61853
Micah Boyce,	1072 Pomona Dr.,	Champaign,	IL	61822
Brian Maroon,	205 E. Briarcliff,	St. Joseph,	IL	61873

Article 4. The purposes for which the corporation is organized are:

See Attached

After recording,
return to: David C. Thies
Webber & Thies, P.C.
P.O. Box 189
Urbana, IL 61803-0189

(over)

Article 4. (continued)

Is this corporation a Condominium Association as established under the Condominium Property Act? Yes No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? Yes No (Check one)

Is this corporation a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? Yes No

Article 5. Other provisions (please use separate page if additional space is needed):

See Attached

Article 6. NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated February 20, 2005 (Month & Day) (Year)

SIGNATURES AND NAMES		POST OFFICE ADDRESS		
1.	<u>Steven L. Willard</u> Signature Steven L. Willard Name (please print)	1.	<u>552 CR 2425 N</u> Street Dewey IL 61840 City/Town State ZIP	
2.	_____ Signature _____ Name (please print)	2.	_____ Street _____ City/Town State ZIP	
3.	_____ Signature _____ Name (please print)	3.	_____ Street _____ City/Town State ZIP	
4.	_____ Signature _____ Name (please print)	4.	_____ Street _____ City/Town State ZIP	
5.	_____ Signature _____ Name (please print)	5.	_____ Street _____ City/Town State ZIP	

(Signatures must be in BLACK INK on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

**Attachment to Articles of Incorporation for
rock the shed, inc.**

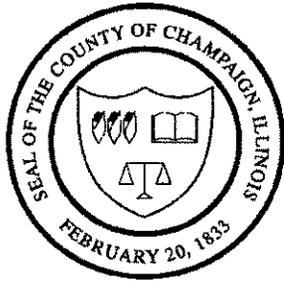
Article 4

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article 5

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 4. No substantial part of the activities of the corporation shall be the carrying on the propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



NOT TRANSFERABLE

**STATE OF ILLINOIS
COUNTY OF CHAMPAIGN**

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

**No. 2007-ENT-02
\$100.00**

ALTO VINEYARDS

License is hereby granted to **James P. Dubnicek** to provide Entertainment/Recreation at 4210 Duncan Rd., Champaign IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2008 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2006.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission

M05



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

FILED

NOV 2 2006

Mark Shelden
CHAMPAIGN COUNTY CLERK

For Office Use Only

License No. 2007-ENT-02
Date(s) of Event(s) JAN. 1 THRU DEC. 31, 2007
Business Name: ALTO VINEYARD

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)

License Fee: \$ 100.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 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: ALTO VINEYARDS CHAMPAIGN
2. Location of Business for which application is made: DUNCAN RD
NORTH of Rt. 150
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, meeting, weddings @
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): 1-1-07
TO 12-31-07

(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 RETURNED

AND WILL BE RETURNED FOR A LICENSE APPLICANT

A 106

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: 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.
MAHOMET, IL. 61853
3. Business, occupation, or employment of applicant for four (4) years preceding date of application for this license: ACTO 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:
ACTO VINEYARDS LTD.
2. Date of Incorporation: 4-11-88 A107 Date 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 PAS, 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 PAS, IL. 62905

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

ALTO VINEYARD 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
ALTO PAS, 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 KENZABIA

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 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 PAS, 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: ADELLE KENERCLIA Title: SECRETARY
Date elected or appointed: _____ Social Security No.: _____
Date of Birth: _____ Place of Birth: CATONIA 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 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

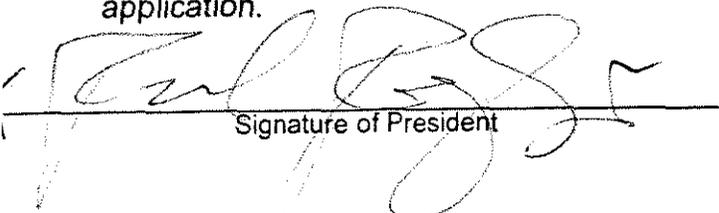
AFFIDAVIT

(Complete when applicant is a Corporation)

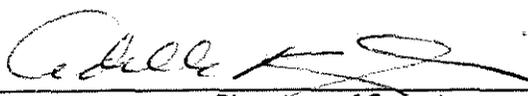
We, the undersigned, president and secretary of the above named corporation, each first being duly sworn, say that each of us has read the foregoing application and that the matters stated therein are true and correct and are made upon our personal knowledge and information, and are made for the purpose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

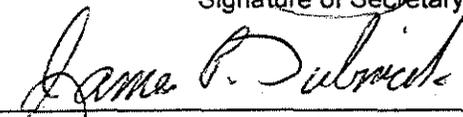
We further swear that we are the duly constituted and elected officers of said applicant and as such are authorized and empowered to execute their application for and on behalf of said application.



Signature of President

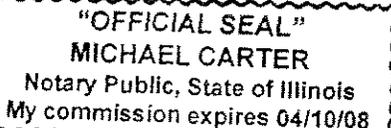


Signature of Secretary



Signature of Manager or Agent

Subscribed and sworn to before me this 2nd day of November, 2006.

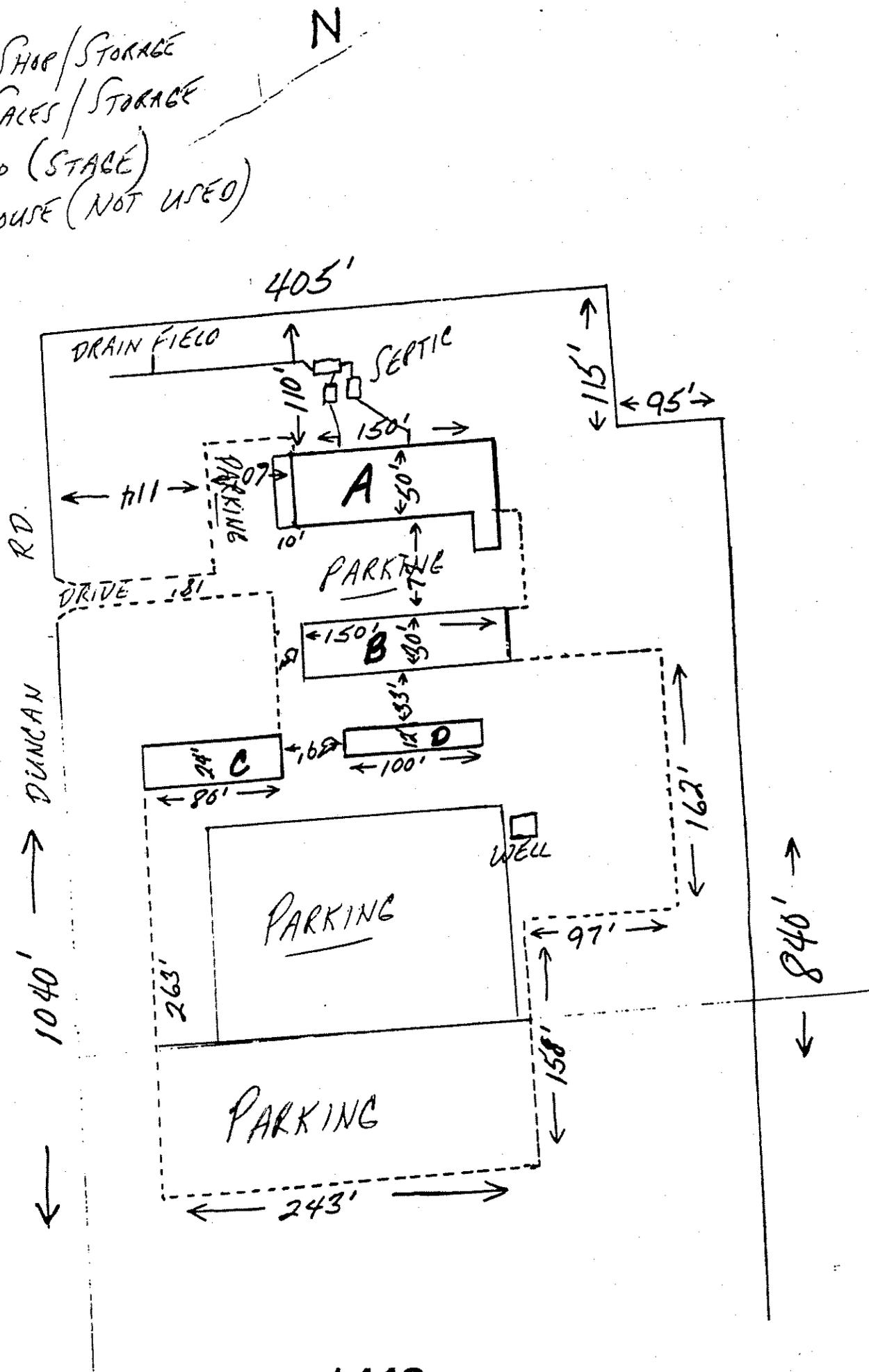




Notary Public

This COMPLETED application along with the appropriate amount of cash, or certified check made payable to MARK SHELDEN, CHAMPAIGN C. 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.

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



A112



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: _____
2. Credit Check Disapproval: _____ Date: _____

Remarks: _____ Signature: _____

Planning & Zoning Department

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

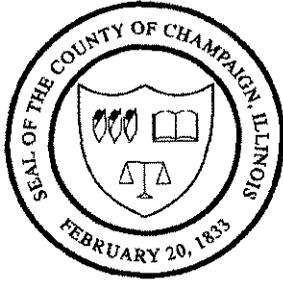
Remarks: _____ Signature: _____

Environment & Land Use Committee

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

Signature: _____

Remarks and/or Conditions: _____



STATE OF ILLINOIS
COUNTY OF CHAMPAIGN

NOT TRANSFERABLE

ENTERTAINMENT, RECREATION,
LODGING OF TRANSIENTS, AND RACEWAYS LICENSE

No. 2007-HM-12
\$100.00

TRAVELERS STAY INN

License is hereby granted to **Jintendra R. Patel** 710 Indigo, Savoy IL to provide Entertainment/Recreation at 1906 N. Cunningham Ave., Urbana IL in Champaign County from January 1, 2007 thru December 31, 2007. This License expires the 1st day of January 2007 at 12:01am.

Witness my Hand and Seal this 14th day of November, A.D. 2007.

Mark Shelden, Champaign County Clerk

Chairman, Champaign County License Commission



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

FILED

NOV 3 2006

FOR OFFICE USE ONLY

License No.: 2007-H-12
Business Name: TRAVELERS STAY INN
License Fee: \$ 200.00
Filing Fee: \$ 4.00
TOTAL FEE: DUE \$ 204.00
Clerk: _____

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

Mark Sheldon
CHAMPAIGN COUNTY 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: RAVE-YASH INC DBA TRAVELERS STAY INN
- Location of Business for which application is made: 1906 N. CHANNINGHAM AVE
- Number of rooms available: 96 URBANA-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

JITENDRA K PATEL

45

700 INDEGO AVE

NATWAR M PATEL

48

SAVOY-IL-61874

- Is applicant a citizen of the United States of America? Yes No

Place of birth: INDIA

If naturalized, place and date of naturalization: CHICAGO-IL

- The applicant intends to operate or maintain the above business at: 1906 N CHANNINGHAM AVE, URBANA-IL

AFFIDAVIT

_____, 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.

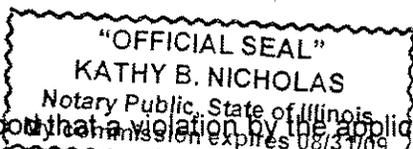
Jitendra K Patel

Signature of Applicant

Natwar M Patel

Signature of Applicant

Signed and sworn to before me this 2 day of NOVEMBER, 2006.



Kathy B. Nicholas

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 T

A 115: \$ _____