



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. \_\_\_\_\_  
 Date(s) of Event(s) \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 License Fee: \$ \_\_\_\_\_  
 Filing Fee: \$ 4.00 \_\_\_\_\_  
 TOTAL FEE: \$ \_\_\_\_\_  
 Checker's Signature: \_\_\_\_\_

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

Checks Must Be Made Payable To: Gordy Hulten, Champaign County Clerk

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

- A.
1. Name of Business: \_\_\_\_\_
  2. Location of Business for which application is made: \_\_\_\_\_
  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: \_\_\_\_\_
  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): \_\_\_\_\_
  8. Term for which License is sought (specifically beginning & ending dates): \_\_\_\_\_

**(NOTE: All annual licenses expire on December 31st of each year)**

9. Do you own the building or property for which this license is sought? \_\_\_\_\_
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: \_\_\_\_\_
2. Date of Incorporation: \_\_\_\_\_ State wherein incorporated: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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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 \_\_\_\_\_, 20\_\_\_\_\_.

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

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



STATE OF ILLINOIS,  
Champaign County  
Recreation & Entertainment License  
Check List and Approval Sheet

**FOR ELUC USE ONLY**

County Clerk's Office

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_