



Meeting Agenda

Location:

Village Hall -
10631 Main Street
Roscoe, IL 61073

Liquor Commission
Tuesday, December 03, 2024
6:15 PM

CALL TO ORDER**ROLL CALL****APPROVAL OF THE MINUTES**

1. **Approval of the Minutes** for the meeting of the Village Board of Trustees from **November 19, 2024.**

PUBLIC COMMENT (Limited to 3 minutes per speaker)**NEW BUSINESS (First reading or suspend rules)**

2. Discussion and recommendation of **increasing the maximum number of authorized Class "CT" (Caterer) liquor licenses to two (2)** [1 currently authorized].
3. Review and Recommendation of issuance of a **Class "CT" (Caterer)** liquor license to **Hoffman House of East Rockford Inc. d/b/a Firehouse Pub**
[Licensed Premises: 10670 Main Street, Roscoe, IL, Roscoe, IL 61073]
4. Discussion and recommendation of **decreasing the maximum number of authorized Class "BP" (Brew Pub) liquor licenses to zero (0)** {Crazy Llama has closed and did not renew}
5. Review and Recommendation of **Five (5) Class "A" On & Off Premise Full Liquor** renewal applications

FIESTA CANCUN AUTHENTIC MEXICAN RESTAURANT OF ROSCOE, INC. dba
FIESTA CANCUN MEXICAN RESTAURANT

PENNY INC dba QUIK MART

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC

6. Review and Recommendation of **Twelve (12) Class "BL" Boutique Gaming Full Liquor** renewal applications

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 4

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 6

MILLION MILE LLC dba CECE'S LUCKY SLOTS

DANDY'S INC dba DANDY'S SLOTS

EMPIRE SLOTS ROSCOE LLC dba ROYALTY SLOTS

JACKPOT JOE'S LLC dba JACKPOT JOE'S

ADRI'S GAMING BOUTIQUE, INC dba LUCKY HORSESHOE

SUZZIE, LLC dba MAMA SUE'S DELI & SLOTS

PINEWOODS RESTAURANT GROUP LLC dba MOLLY'S DELI

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE

7. Review and Recommendation of **Eight (8) Class "C" Package Store Full Liquor** renewal applications

CASEY'S RETAIL COMPANY dba CASEY'S GENERAL STORE #3536

HIGHLAND PARK CVS LLC dba CVS/PHARMACY #8524

GPM MIDWEST, LLC dba FAS MART #5155

GPM MIDWEST, LLC dba FAS MART #5224

KELLEY WILLIAMSON CO dba HONONEGAH MOBIL

KELLEY WILLIAMSON CO dba ROSCOE MOBIL

THORNTONS LLC dba THORNTONS #331

WALGREEN CO dba WALGREENS #6001

8. Review and Recommendation of **Two (2) Class "D" On Premise Only Beer & Wine** renewal applications

TOMAR LLC dba 815 SLOTS

USKANA HOSPITALITY GROUP dba JESSICA'S RESTAURANT

9. Review and Recommendation of **Seven (7) Class "F" Full Liquor On Premise Only** renewal applications

RJR GAMING INC dba BENNY'S SLOTS WINE & SPIRITS

HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB

LOU'S TAP, INC dba LOUIE'S TAP HOUSE

RYBO VENTURES INC dba POISON IVY PUB

VFW POST #2955 dba VFW POST 2955

PIETRO'S OF ROSCOE LLC dba PIETRO'S PIZZERIA

WHISKEY HOTEL BARBECUE LLC dba WHISKEY HOTEL BARBECUE

10. Review and Recommendation of **Two (2) Class "G" Package Store Beer & Wine** renewal applications

LOVES TRAVEL STOPS & COUNTRY STORE dba LOVE'S TRAVEL STOP #322

SPEEDWAY LLC dba SPEEDWAY 3962

11. Review and Recommendation of **Two (2) Class "CT" Caterer Retailer Full Liquor** applications

PERFECTLY SEASONED LLC dba PERFECTLY SEASONED

HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB

PUBLIC COMMENT (Limited to 3 minutes per speaker)

ADJOURNMENT

VILLAGE OF ROSCOE

AGENDA ITEM - STAFF REPORT



VILLAGE of
ROSCOE

Item # 3.

Agenda Item: Review and Recommendation of Issuance of a Class “CT” (Caterer) liquor license to Hoffman House of East Rockford dba Firehouse Pub (Licensed Premises: 10670 Main Street, Roscoe, IL 61073)

Date: 11/21/2024

Meeting: Liquor/Village Board 12/03/2024

Prepared by: Janel Reidinger

Department: Admin

Overview/Background Information

Hoffman House of East Rockford is seeking a caterer liquor license to expand its service offerings. By obtaining this additional license, the establishment would be able to provide a full range of beverage options at off-site events, weddings, and corporate functions. This license allows them to transfer alcohol from the Firehouse Pub location to these events.

Key Issues

There is currently only 1 Class CT license issued to Perfectly Seasoned. The board will need to vote to increase the allowable number of Class CT licenses to two.

If approved, Hoffman House would hold a Class F (On Premise Full Liquor) License and a Class CT (Caterer Full Liquor) License.

The applicant acknowledges that any license granted will be valid for the 2025 fiscal year and cannot be utilized before January 1, 2025.

Fiscal Note/Budget Impact

The license fee for a CT license is \$500

Prior Legislative Actions

Current Class F license holder for many, many years.

Action Required/Recommendation

Approval or denial of issuance of class “CT” Caterer Liquor License to Hoffman House of East Rockford

Attachments

Liquor License Application



10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: Hoffman House of East Rockford
Business Name (d/b/a): FireHouse Pub
Primary Contact Person /Agent: Michael Prosser
Mailing Address: PO Box 968 Roscoe IL 61073
Premise Address: 10670 Main St
Email: Rockfordhoffmanhouse@gmail.com
Business Phone: 815623 8389 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 50563127 Date of Incorporation/Formation: 8/20/74
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: West Bend / Arthur Gallagher Risk Mgmt.
Address: 6838 E State St. Rockford IL 61006
Policy Number: 15350 Coverage Limits: _____

Anticipated Revenue

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 50 %
Food Sales: 50 %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|---|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☒ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☒ | Application Fee | | \$ 500.00 |
| (new licenses and license class changes only) | | | |



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

General Information (applies to anyone listed in Section 2).

Owner of Premises: Propel Attach a copy of the lease if applicable

Date applicant began liquor sales at this premise: _____

Illinois Liquor License Number: 1A0067652

- ☐ YES ☒ NO Has applicant ever made application for a liquor license which was been denied?
☐ YES ☒ NO Has applicant ever had any previous liquor license suspended or revoked?
☐ YES ☒ NO Has applicant ever been convicted of a felony?
☐ YES ☒ NO Has applicant ever been convicted of a gambling offense?
☐ YES ☒ NO Do you possess a current federal wagering or gambling device stamp?
☐ YES ☒ NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

* If yes to any of the above, please explain on separate sheet.

SECTION 2: Owner & Officer Information

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: Robert Prosser
Title: Owner Percent Ownership: 100 %

2. Name: Michael Prosser
Title: Secretary Percent Ownership: _____

3. Name: Rich Johnson
Title: V P Percent Ownership: _____

4. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____

5. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____

6. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF ROSCOE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE of ROSCOE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF.

I further swear or affirm that I have read and understand the Village of Roscoe Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Roscoe, including the revenue requirements for the requested liquor license classification and agree to abide by such laws and regulations.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Owner
(TITLE OR POSITION)

Secretary
(TITLE OR POSITION)

10/30/24
(DATE SIGNED)

10/30/24
(DATE SIGNED)

AFFIRM: (SECRETARY)

10/30/24
(DATE SIGNED)

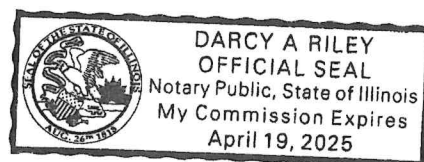
STATE OF Illinois)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 30 DAY OF October

NOTARY PUBLIC



2025 Liquor License

5 - Class A On & Off Premises (Full Liquor)

FIESTA CANCUN AUTHENTIC MEXICAN RESTAURANT OF ROSCOE,
INC. dba FIESTA CANCUN MEXICAN RESTAURANT

PENNY INC dba QUIK MART

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC



VILLAGE of ROSCOE

Item # 5.

10631 Main Street, P.O. Box 283, Roscoe IL 61073

Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Eduardo Pacheco

Licensee: Fiesta Cancun Roscoe

Business Name (d/b/a): Fiesta Cancun Roscoe

Mailing Address: 5077 Rockrose Ct. Roscoe, IL 61073

Premise Address: 5077 Rockrose Ct. Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-623-3111 Other Phone: N/A Fax: N/A

Corporate Information (if applicable) 65437295

Illinois Corporate Registration Number: 101-0007-5-001 Date of Incorporation/Formation: February, 2008

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Society Insurance Company

Address: P.O. Box 1500 Janesville, WI 53547

Policy Number: ROP563594 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 15 %

Food Sales: 85 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☒ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Penny Lukhiani
 Licensee: Penny INC
 Business Name (d/b/a): TRIK MART
 Mailing Address: 5755 ELEVATOR RD Roscoe IL 61073
 Premise Address: As Above
 Email: [REDACTED]
 Business Phone: 815-623-2131 Other Phone: [REDACTED] Fax: 815-623-2131

Corporate Information (if applicable)

Illinois Corporate Registration Number: 67954124
1450-59584 Date of Incorporation/Formation: MAY 2011
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: X

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: CITIZENS
 Address: _____
 Policy Number: DRCH408741 Coverage Limits: ONE Million

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 70 %
 Food Sales: 10 %
 General Merchandise (or other): _____ %
 Net Terminal Income (gaming revenue): 20 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☒ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
 §114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Jed E. Penney, Managing Officer
 Licensee: Schnuck Markets, Inc
 Business Name (d/b/a): Schnucks
 Mailing Address: 11420 Lackland Rd St. Louis, MO 63146
 Premise Address: 4860 Hononegah Road Roscoe, IL 61073
 Email: [REDACTED]
 Business Phone: 815-623-7799 Other Phone: N/A Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 5348-786-6 Date of Incorporation/Formation: 3/28/1957
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Digital Insurance LLC formally Huntleigh McGehe
 Address: 8235 Forsyth Blvd., Ste. 1200, Clayton, MO 63105
 Policy Number: HEEXGL1116L632TCT24 Coverage Limits: See attached

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales:	<u>10.69</u>	%
Food Sales:	<u>80.64</u>	%
General Merchandise (or other):	<u>8.42</u>	%
Net Terminal Income (gaming revenue):	<u>.25</u>	%

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | |
|---|-------------------------------|------------|
| ☒ Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Doris I. Deschler - Whiffle tree

Licensee: _____

Business Name (d/b/a): Doris Deschler Inc. Rockford DBA Whiffle tree Bar+Grill

Mailing Address: 1499 Luanna Drive Rockford IL 61103

Premise Address: 11347 Main Street Roscoe, IL 61073

Email: _____

Business Phone: 815-623-8213 Other Phone: _____ Fax: _____

Corporate Information (if applicable) 5409223

Illinois Corporate Registration Number: D 5409-922-3 Date of Incorporation/Formation: 1-6-1986

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Badger Mutual Insurance Co.

Address: 1635 W. Natl. Ave Milwaukee, WI 53204

Policy Number: 00 740-99613 Coverage Limits: 1,000,000, 1,000,000,

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 56 %

Food Sales: 25 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 19 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☒ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Cherish Ruenger
Licensee: Mary's Market Roscoe LLC
Business Name (d/b/a): _____
Mailing Address: 4343 E. State St. Rockford, IL, 61108
Premise Address: 4866 Blue Stem Rd. Roscoe, IL 61073
Email: _____
Business Phone: _____ Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 67442912
83-2870717 Date of Incorporation/Formation: 12/18/18
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Arthur J. Ballaheer Risk Management
Address: 555 S. Perryville Rd. Rockford, IL 61108
Policy Number: BPFL 3028755923 Coverage Limits: _____

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 5 %
Food Sales: 95 %
General Merchandise (or other): N/A %
Net Terminal Income (gaming revenue): N/A %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☒ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

2025 Liquor License

12 - Class BL Boutique Gaming

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 6

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 4

MILLION MILE LLC dba CECE'S LUCKY SLOTS

DANDY'S INC dba DANDY'S SLOTS

EMPIRE SLOTS ROSCOE LLC dba ROYALTY SLOTS

JACKPOT JOE'S LLC dba JACKPOT JOE'S

ADRI'S GAMING BOUTIQUE, INC dba LUCKY HORSESHOE

SUZZIE, LLC dba MAMA SUE'S DELI & SLOTS

PINEWOODS RESTAURANT GROUP LLC dba MOLLY'S DELI

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

Business Name (d/b/a): Anna's Lucky 777

Mailing Address: 707 Osterman Ave Unit 1546 Deerfield, IL 60015

Premise Address: 5257 Swanson Rd Unit 6, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024 Date of Incorporation/Formation: 07/01/2014

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Society Insurance

Address: 150 Camelot Dr, Fond du Lac, WI 54936

Policy Number: BP19016078-3 Coverage Limits: \$2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %

Food Sales: 10 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 80 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



10631 Main Street, P.O. Box 283, Roscoe IL 61073
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

Business Name (d/b/a): Anna's Lucky 777

Mailing Address: 707 Osterman Ave Unit 1546 Deerfield, IL 60015

Premise Address: 5257 Swanson Rd Unit 4, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024 Date of Incorporation/Formation: 07/01/2014

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Society Insurance

Address: 150 Camelot Dr, Fond du Lac, WI 54936

Policy Number: BP19016078-3 Coverage Limits: \$2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %

Food Sales: 10 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 80 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
 §114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Colton Lane
 Licensee: Million Mile LLC DBA Cece's Lucky Slots
 Business Name (d/b/a): Cece's Lucky Slots
 Mailing Address: 11907 Main St Roscoe, IL 61073
 Premise Address: 11907 Main St. Roscoe, IL
 Email: [REDACTED]
 Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 4275-9390 06395139 Date of Incorporation/Formation: 12/22/2015
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: NA

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Society Insurance Mosher Insurance
 Address: 127 West 8th St. Monroe, WI 53566
 Policy Number: BP23012562 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 20 %
 Food Sales: _____ %
 General Merchandise (or other): _____ %
 Net Terminal Income (gaming revenue): 80 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Pette Gwizdala

Licensee: Pete Gwizdala

Business Name (d/b/a): Dandy's Slots

Mailing Address: 5066 Rockrose Ct Roscoe IL 61073

Premise Address: 5066 ROCKROSE CT. ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 815-270-0791

Other Phone: [REDACTED]

Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 37-1947955

Date of Incorporation/Formation:

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois:

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Coyle-Kiley Insurance Agency, Inc. - Society Insurance

Address: 810 N. Alpine Rd, Rockford, IL 61107-3673

Policy Number: BP 10033197

Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 15 %

Food Sales: %

General Merchandise (or other): %

Net Terminal Income (gaming revenue): 85 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Michael Capriola II

Licensee: Empire Slots Roscoe

Business Name (d/b/a): Empire Slots Roscoe / DBA Royalty Slots Roscoe

Mailing Address: 4747 Guilford Rd

Premise Address: 4972 Hononegah Rd

Email: [REDACTED]

Business Phone: 779-970-1483

Other Phone: [REDACTED]

Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 09945709

Date of Incorporation/Formation: 3/5/2021

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois:

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Broadmoor Insurance

Address: 3923 East State Street

Policy Number: 10-2021-921

Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %

Food Sales: %

General Merchandise (or other): %

Net Terminal Income (gaming revenue): 90 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Thomas Santopoco
 Licensee: _____
 Business Name (d/b/a): JACKPOT Joes LLC
 Mailing Address: 5059 Edgemere Ct. Roscoe, IL 61073
 Premise Address: 5059 Edgemere Ct Roscoe, IL 61073
 Email: _____
 Business Phone: 815-270-0729 Other Phone: _____ Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 03403777 Date of Incorporation/Formation: 11/8/2010
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Badger Mutual Insurance Company
 Address: 1134 North 9th Street Milwaukee, WI 53233
 Policy Number: 1196503773 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: _____ %
 Food Sales: 0 %
 General Merchandise (or other): 0 %
 Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: DIANA L RITE
Licensee: ADRI'S GAMING BOUTIQUE DBA LUCKY HORSESHOE SLOTS
Business Name (d/b/a): ADRI'S GAMING BOUTIQUE DBA LUCKY HORSESHOE SLOTS
Mailing Address: 4424 PRAIRIE RD AKFD, IL 61102
Premise Address: 5441 BRIDGE ST UNIT A ROSCOE, IL 61073
Email: [REDACTED]
Business Phone: 815-222-6742 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70985284 Date of Incorporation/Formation: 10-31-2014
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: ECKBURG INSURANCE GROUP, INC
Address: P.O. BOX 15490 LOVES PARK, IL 61132
Policy Number: CPP1019119 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 1 %
Food Sales: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 99 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ezio Marino

Licensee: Suzzie, LLC

Business Name (d/b/a): Mama Sue's Deli & Slots

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5428 Williams Dr. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-1380

Other Phone: [REDACTED]

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 07002017

Date of Incorporation/Formation: 5/30/18

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Illinois Casualty Company

Address: 323 Main St. Pecatonica IL 61063

Policy Number: LL 105108

Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales:	<u>2.8</u>	%
Food Sales:	<u>0.3</u>	%
General Merchandise (or other):	<u>0</u>	%
Net Terminal Income (gaming revenue):	<u>96.9</u>	%

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Pinewoods Restaurant Group, LLC

Licensee: ↓

Business Name (d/b/a): Molly's Deli

Mailing Address: 7431 E State St #137, Rockford IL 61108

Premise Address: 5520 Elevator Rd, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04090285-6 Date of Incorporation/Formation: 11-15-2012

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Broadmoor Agency

Address: PO Box 17069, Rockford, IL 61110

Policy Number: 00768-99893 Coverage Limits: 1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 1.7 %

Food Sales: .5 %

General Merchandise (or other): 2.8 %

Net Terminal Income (gaming revenue): 95 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ezio Marino

Licensee: Next Stop Enterprises LLC

Business Name (d/b/a): Next Stop Gaming

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5215 Elevator Rd. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-0760

Other Phone: [REDACTED]

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 05543428

Date of Incorporation/Formation: 12/15/15

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Illinois Casualty Company

Address: 403 S Prairie St., Bethalto IL 62010-0205

Policy Number: LL104161

Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 6.2 %

Food Sales: 0 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 93.8 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Antonino (Tony) Pipitone
Licensee: Pipitone Inc.
Business Name (d/b/a): Slots of Fortune
Mailing Address: PO Box 66 Rockton, IL 61072
Premise Address: 4763 Bluestem Rd Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-543-8801 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 6921-000-7 Date of Incorporation/Formation: 01/07/2014
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Rocktown Insurance Agency Inc (Society Insurance Inc.)
Address: 301 E. Main Street Rockton, IL 61072
Policy Number: BP 15032622 Coverage Limits: \$1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 4.3 %
Food Sales: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 95.7 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Jessica Pipitone
Licensee: AGP 18 Inc.
Business Name (d/b/a): Slots of Fortune
Mailing Address: PO Box 66 Rockton, IL 61072
Premise Address: 4767 Bluestem Rd Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-543-8801 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70278413 Date of Incorporation/Formation: 8/4/2015
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Marketwin Insurance Company (Society Insurance Company)
Address: 301 E. Main St. Suite 1 Rockton, IL 61072
Policy Number: BP15032622 Coverage Limits: \$1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 3.96 %
Food Sales: _____ %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): 96.04 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☒ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

2025 Liquor License

8 - Class C Package Store (Full Liquor)

CASEY'S RETAIL COMPANY dba CASEY'S GENERAL STORE #3536

HIGHLAND PARK CVS LLC dba CVS/PHARMACY #8524

GPM MIDWEST, LLC dba FAS MART #5155

GPM MIDWEST, LLC dba FAS MART #5224

KELLEY WILLIAMSON CO dba HONONEGAH MOBIL

KELLEY WILLIAMSON CO dba ROSCOE MOBIL

THORNTONS LLC dba THORNTONS #331

WALGREEN CO dba WALGREENS #6001



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: CASEY'S RETAIL COMPANY

Business Name (d/b/a): CASEY'S #3536

Primary Contact Person /Agent: KRISTINA BARBKNECHT, STORE MANAGER / AGENT (SAME AS LAST YEAR)

Mailing Address: CASEY'S RETAIL COMPANY, ONE SE CONVENIENCE BLVD., ANKENY, IA 50021

Premise Address: 5365 BRIDGE ST, ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 779-288-8196

Other Phone: CORP: 515-446-6404

Fax: CORP: 515-446-6303

Corporate Information (if applicable)

Illinois Corporate Registration Number: 6352-352-6

Date of Incorporation/Formation: 04/14/2004

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: ACE AMERICAN INSURANCE COMPANY

Address: 436 WALNUT ST., PHILADELPHIA, PA 19106

Policy Number: XSL G47300927

Coverage Limits: \$1,000,000

Anticipated Revenue

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 21 %

Food Sales: 44 %

General Merchandise (or other): 35 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|--|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
| | (new licenses and license class changes only) | | |



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Eva Chilinski
 Licensee: Highland Park OVS, LLC
 Business Name (d/b/a): OVS Pharmacy #8524
 Mailing Address: Chester Dr. #1160 Woonsocket RI 02895
 Premise Address: 4843 Blue Stem Road, Roscoe IL 61073
 Email: [REDACTED]
 Business Phone: 815-623-1696 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: See Attached Date of Incorporation/Formation: 9-29-2001
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: See Attached
 Address: _____
 Policy Number: _____ Coverage Limits: _____

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 54 %
 Food Sales: 1.10 %
 General Merchandise (or other): 98.36 %
 Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Maria Gere, Director of Licensing

Licensee: GPM Midwest, LLC

Business Name (d/b/a): Fas Mart # 5155

Mailing Address: Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227

Premise Address: 11607 Main St, Unit A, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: (815) 516-8887 (store) Other Phone: (804) 730 1568 (corp, x1176- licensing) Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04964624 Date of Incorporation/Formation: 12/04/2014

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: 12/11/2014

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: ACE American Insurance Co

Address: 436 Walnut St, Philadelphia, PA 19106

Policy Number: XSLG47309670 Coverage Limits: \$10,000,000 (Gen. Aggregate)

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %

Food Sales: 13 %

General Merchandise (or other): 77 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
 §114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Maria Gere, Director of Licensing
 Licensee: GPM Midwest, LLC
 Business Name (d/b/a): Fas Mart # 5224
 Mailing Address: Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227
 Premise Address: 9095 N. 2nd St, Roscoe, IL 61073
 Email: [REDACTED]
 Business Phone: (815) 315-4345 (store) Other Phone: (804) 730 1568 (corp, x1176- Fax: N/A
licensing)

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04964624 Date of Incorporation/Formation: 12/04/2014
 Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
 If foreign corporation, date qualified to do business in Illinois: 12/11/2014

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: ACE American Insurance Co
 Address: 436 Walnut St, Philadelphia, PA 19106
 Policy Number: XSLG47309670 Coverage Limits: \$10,000,000 (Gen. Aggregate)

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales:	<u>8</u>	%
Food Sales:	<u>13</u>	%
General Merchandise (or other):	<u>79</u>	%
Net Terminal Income (gaming revenue):	<u>0</u>	%

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: JOHN C GRIFFIN

Licensee: KELLEY WILLIAMSON COMPANY

Business Name (d/b/a): HONONEGAH MOBIL

Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104

Premise Address: 5213 ELEVATOR RD, ROSCOE IL 61073

Email: [REDACTED]

Business Phone: 815-623-8457 Other Phone: _____ Fax: 815-623-8457

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1738-829-1 Date of Incorporation/Formation: 1924

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: COYLE-KILEY

Address: 810 N ALPINE RD, ROCKFORD IL 61107

Policy Number: 6W184894 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 11 %

Food Sales: 11 %

General Merchandise (or other): 78 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



Item # 7.

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: JOHN C GRIFFIN

Licensee: KELLEY WILLIAMSON COMPANY

Business Name (d/b/a): ROSCOE MOBIL

Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104

Premise Address: 9789 NORTH 2ND STREET, ROSCOE IL 61073

Email: [REDACTED]

Business Phone: 815-623-6245 Other Phone: _____ Fax: 815-623-6245

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1738-829-1 Date of Incorporation/Formation: 1924

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: COYLE-KILEY

Address: 810 N ALPINE RD, ROCKFORD IL 61107

Policy Number: 6W184894 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 12 %

Food Sales: 14 %

General Merchandise (or other): 74 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Paul Carley
Licensee: Thorntons LLC
Business Name (d/b/a): Thorntons #331
Mailing Address: 2600 James Thornton Way
Premise Address: 13555 Willowbrook Rd Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-389-0467 Other Phone: 502-425-8022 Fax: none

Corporate Information (if applicable)

Illinois Corporate Registration Number: 0733810-4 Date of Incorporation/Formation: 10/29/1971
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

✓ **Attach a copy of the policy declaration to this application**

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Marsh USA LLC
Address: 2929 Allen Parkway, Ste 2500 Houston, TX 77019
Policy Number: MWZ4-316401-24 Coverage Limits: 5,000,000

Anticipated Revenue

✓ **Attach a copy of your financial statement.**

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %
Food Sales: 23 %
General Merchandise (or other): 67 %
Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Amber L. Shaffner

Licensee: Walgreen Co.

Business Name (d/b/a): Walgreens #06001

Mailing Address: P.O. Box 901, Deerfield, IL 60015

Premise Address: 5065 Hononegah Rd., Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-623-5079

Other Phone: 847-527-4612

Fax: 847-368-6525

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1084-348-1

Date of Incorporation/Formation: 2/15/1909

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Zurich American Insurance Co.

Address: Certificate attached

Policy Number: _____

Coverage Limits: _____

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: .07 %

Food Sales: 3 %

General Merchandise (or other): 96.93 %

Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☒ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

2025 Liquor License

2 - Class D Beer & Wine (On Premise Only)

TOMAR LLC dba 815 SLOTS

USKANA HOSPITALITY GROUP dba JESSICA'S RESTAURANT



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Antonino / Rose Birkardello
Licensee: Tomar LLC
Business Name (d/b/a): 815 Slots
Mailing Address: 14229 Manhattan St.
Premise Address: 11607 Main St. Roscoe
Email: [REDACTED]
Business Phone: (815) 543-2155 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 12807929 Date of Incorporation/Formation: _____
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Society Insurance Company
Address: 150 Camelot Dr. Fond du Lac, WI
Policy Number: BP24008333 Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 1 %
Food Sales: 65 %
General Merchandise (or other): 8 %
Net Terminal Income (gaming revenue): 34 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☒ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



VILLAGE of
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: Lindita Mixha / Uskana Hospitality Group LLC

Business Name (d/b/a): Jessica's Restaurant

Primary Contact Person /Agent: Fati Mixha

Mailing Address: _____

Premise Address: 5091 Edgemere Court, Roscoe IL 61073

Email: contact@jessicas-restaurant.com

Business Phone: 815--623-2223

Other Phone: _____

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 13397061 Date of Incorporation/Formation: 4-21-23

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: West Bend Insurance

Address: 810 N Alpine Road Rockford, IL 61107

Policy Number: A228239, A228227

Coverage Limits: _____

Anticipated Revenue

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 7 %

Food Sales: 93 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | |
|---|-------------------------------|------------|
| ☐ Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☒ Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ Application Fee | | \$ 500.00 |
| (new licenses and license class changes only) | | |

2025 Liquor License

7 - Class F Full Liquor (On Premise Only)

RJR GAMING INC dba BENNY'S SLOTS WINE & SPIRITS

HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB

LOU'S TAP, INC dba LOUIE'S TAP HOUSE

RYBO VENTURES INC dba POISON IVY PUB

VFW POST #2955 dba VFW POST 2955

PIETRO'S OF ROSCOE LLC dba PIETRO'S PIZZERIA

WHISKEY HOTEL BARBECUE LLC dba WHISKEY HOTEL BARBECUE



VILLAGE of ROSCOE

Item # 9.

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: RORY D. COLWELL

Licensee: RTR GAMING INC.

Business Name (d/b/a): BENNY'S SHOTS WINE SPIRITS

Mailing Address: 7544 HIDDEN CREEK LAKE ROSCOE, IL 61073

Premise Address: 5300 WILLIAMS DR. SUITE 10 N.E 5328 ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 815-270-0665 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable) 72496264

Illinois Corporate Registration Number: 84-3382921 Date of Incorporation/Formation: 10-11-19

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: [REDACTED]

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: SEITZ INSURANCE CO.

Address: 1100 CRAWFORD ROAD BELOIT, WI 53511

Policy Number: BP 20033712 Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 56.9 %

Food Sales: 2.6 %

General Merchandise (or other): 0.9 %

Net Terminal Income (gaming revenue): 39.6 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|--|--|-------------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
| | (new licenses and license class changes only) | | |



10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person / Agent: Michael Prosser
Licensee: Hoffman House of East Rockford
Business Name (d/b/a): Fire House Pub
Mailing Address: P.O. Box 968
Premise Address: 10670 Main St
Email: [REDACTED]
Business Phone: 815 623-8389 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: _____ Date of Incorporation/Formation: 8/20/74
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: West Bend / Arthur Gallagher Risk Mgmt.
Address: 6837 E State St. Rockford IL 61108
Policy Number: 15350 Coverage Limits: 1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 32 %
Food Sales: 62 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 6 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ryan Asja
Licensee: Louis Tap Inc.
Business Name (d/b/a): Louis Tap House
Mailing Address: 899 Palau Pkwy, Rockford, IL. 61108
Premise Address: 5689 Elevator Rd. Roscoe, IL. 61073
Email: [REDACTED]
Business Phone: 815-270-1020 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70253933 Date of Incorporation/Formation: 7/2/2015
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: [REDACTED]

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Keystone Insurance Agency, Inc.
Address: 513 S. Phelps Ave. Rockford, IL. 61108
Policy Number: 154604-07136971 Coverage Limits: \$1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 41.85 %
Food Sales: 52.31 %
General Merchandise (or other): 19.7 %
Net Terminal Income (gaming revenue): 5.64 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Steve Quies
Licensee: Rybo Ventures Inc.
Business Name (d/b/a): Poison Ivy Pub
Mailing Address: 5765 Elevator rd Roscoe IL 61073
Premise Address: 5765 Elevator rd Roscoe IL 61073
Email: [REDACTED]
Business Phone: 8156231480 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 61163104
34666634 Date of Incorporation/Formation: 02/01
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: [REDACTED]

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Coyle Kiley
Address: 810 N. Alpine rd
Policy Number: LL10012154 Coverage Limits: 1,000,000⁰⁰

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 60 %
Food Sales: 40 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 0 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: MAURICE J. BUFFO
Licensee: ROSCOE VFW POST 2955
Business Name (d/b/a): ROSCOE VFW POST 2955
Mailing Address: 11385 2ND ST.
Premise Address: SAME AS ABOVE
Email: [REDACTED]
Business Phone: 815-623-7663 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 36-334-8230 Date of Incorporation/Formation: 1-1-1944
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: US INSURANCE CO. OF AMERICA
Address: 3131 GREENHEAD DR. SPRINGFIELD, IL 62711
Policy Number: 201L0000103BOP Coverage Limits: \$ 2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 60 %
Food Sales: 4 %
General Merchandise (or other): 1 %
Net Terminal Income (gaming revenue): 35 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Matthew B. Yavunke
Licensee: Pietros of Roscoe, LLC
Business Name (d/b/a): Pietros Pizzeria
Mailing Address: 5724 elevator Rd Roscoe IL 61073
Premise Address: 5724 elevator Rd Roscoe IL 61073
Email: [REDACTED]
Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 03865703 Date of Incorporation/Formation: 04-19-2012
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: _____
Address: _____
Policy Number: _____ Coverage Limits: _____

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 10 %
Food Sales: 65 %
General Merchandise (or other): 5 %
Net Terminal Income (gaming revenue): 20 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: William L Hendrickson

Licensee: Whiskey Hotel Barbecue LLC

Business Name (d/b/a): Whiskey Hotel Barbecue

Mailing Address: 13954 Dorr Rd. South Beloit IL 61080

Premise Address: 5522 Elevator Rd. Roscoe IL 61073

Email: [REDACTED]

Business Phone: [REDACTED] Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 11822703 Date of Incorporation/Formation: 05/16/2022

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: [REDACTED]

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Gary J Bach Agency - Erie Insurance Company

Address: 100 Erie Insurance Place Erie, PA 16530

Policy Number: Q61 0436183 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales:	<u>14</u>	%
Food Sales:	<u>84</u>	%
General Merchandise (or other):	<u>2</u>	%
Net Terminal Income (gaming revenue):	<u>0</u>	%

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☒ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

2025 Liquor License

2 - Class G Package Store (Beer & Wine)

LOVES TRAVEL STOPS & COUNTRY STORE dba LOVE'S TRAVEL STOP
#322

SPEEDWAY LLC dba SPEEDWAY 3962



VILLAGE of
ROScoe

10631 Main Street, P.O. Box 283, Roscoe IL 61073

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Licensing Department/ Alcohol & Tobacco SME

Licensee: Love's Travel Stops & Country Stores, Inc.

Business Name (d/b/a): Love's Travel Stop #322

Mailing Address: Attn: Licensing, PO Box 26210 Oklahoma City, OK 73126

Premise Address: 13477 Quality Drive Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-389-1923

Other Phone: [REDACTED]

Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 6216-418-2

Date of Incorporation/Formation: 12/29/1986

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: 04/16/2002

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Aon Risk Services Southwest, Inc.

Address: 1300 Post Oak Blvd., Suite 1400 Houston, TX 77056

Policy Number: XSLG48912783

Coverage Limits: See attached COI.

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 1 %

Food Sales: 52 %

General Merchandise (or other): 41 %

Net Terminal Income (gaming revenue): 6 %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | |
|---|-------------------------------|------------|
| ☐ Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☒ Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ Application Fee | | \$ 500.00 |

(new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: James Baker
Licensee: Speedway LLC
Business Name (d/b/a): Speedway 3962
Mailing Address: PO Box 139044 Dallas TX 75313
Premise Address: 5951 E Rockton Rd, Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-389-4920 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

12647352
Illinois Corporate Registration Number: 31-1551430 Date of Incorporation/Formation: 7/18/97
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: [REDACTED]

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: [REDACTED]
Address: 5951 E. Rockton rd Roscoe, IL 61073
Policy Number: 9941258 Coverage Limits: [REDACTED]

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories. Percentages must total 100%

Alcohol Sales:	_____ %
Food Sales:	_____ %
General Merchandise (or other):	_____ %
Net Terminal Income (gaming revenue):	_____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☒ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☐ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

RECEIVED
NOV 04 2024
Licensing Department

2025 Liquor License

2 - Class CT Caterer Retailer (Full Liquor)

PERFECTLY SEASONED LLC dba PERFECTLY SEASONED
HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Erin U. Bedows
Licensee: Perfectly Seasoned, LLC
Business Name (d/b/a): _____
Mailing Address: 11013 Main Street Roscoe, IL 61073
Premise Address: same
Email: _____
Business Phone: 815-242-7744 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 07121814 Date of Incorporation/Formation: 10/30/2018
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: Hartford Underwriters Insurance Company
Address: 690 Asylum Ave Hartford CT 06116
Policy Number: _____ Coverage Limits: \$1 million / \$2 million

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 5.1 %
Food Sales: 107.87 %
General Merchandise (or other): 27.03 %
Net Terminal Income (gaming revenue): — %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☒ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☐ | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: Hoffman House of East Rockford
Business Name (d/b/a): FireHouse Pub
Primary Contact Person /Agent: Michael Prosser
Mailing Address: PO Box 968 Roscoe IL 61073
Premise Address: 10670 Main St
Email: [REDACTED]
Business Phone: 815623 8389 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 5563127 Date of Incorporation/Formation: 8/20/74
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

List dram insurance coverage including name and address of insurance company for the licensee and premises for which the alcoholic liquor will be sold for the duration of the license.

Insurance Company Name: West Bend / Arthur Gallagher Risk Mgt.
Address: 6838 E State St. Rockford IL 61106
Policy Number: 15350 Coverage Limits: _____

Anticipated Revenue

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 50 %
Food Sales: 50 %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

- | | | | |
|-------------------------------------|--|-------------------------------|------------|
| ☐ | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| ☐ | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| ☐ | Class F | On Premise Only Full Liquor | \$3,000.00 |
| ☐ | Class G | Package Store Beer & Wine | \$2,000.00 |
| ☐ | Class C | Package Store Full Liquor | \$3,000.00 |
| ☐ | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| ☐ | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| ☒ | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| ☒ | Application Fee
(new licenses and license class changes only) | | \$ 500.00 |