



Meeting Agenda

Location:

Village Hall -
10631 Main Street
Roscoe, IL 61073

Liquor Commission
Tuesday, December 02, 2025
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 4, 2025.**

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

- 2.** Discussion and recommendation of **decreasing the maximum number of authorized Class "F" (Full Liquor On Premise Only) liquor licenses to six (6)** [7 currently authorized, Whiskey Hotel Barbeque closed].
- 3.** Review and Recommendation of **Six (6) 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 (5755)

PENNY INC dba QUIK MART (5526)

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC

- 4.** Review and Recommendation of **Eleven (11) 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

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE

5. 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

US PETRO INC dba LUNA FOOD MART

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

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

TOMAR LLC dba 815 PIZZA

USKANA HOSPITALITY GROUP dba JESSICA'S RESTAURANT

7. Review and Recommendation of **Six (6) 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

- 8.** 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

- 9.** 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



Meeting Minutes

Location:

Village Hall -
10631 Main Street
Roscoe, IL 61073

Liquor Commission
Tuesday, November 04, 2025
6:20 PM

CALL TO ORDER

ROLL CALL

PRESENT

Trustee William Babcock
Trustee John Broda
Trustee Dayne Mead
Trustee Michael Sima
Trustee Michael Wright
Village President Carol Gustafson

APPROVAL OF THE MINUTES

1. **Approval of the Minutes** for the meeting of the Village Board of Trustees from **October 7, 2025.**

President Gustafson asked for a motion for the approval of the minutes.

Motion was made by Trustee Broda, second by Trustee Wright. Voting yes: Trustees Sima, Broda, Wright, Mead, Babcock 5-0-0.

PUBLIC COMMENT (Limited to 3 minutes per speaker)

NEW BUSINESS (First reading or suspend rules)

2. Review and Recommendation of issuance of a Class "T" (Temporary-1 day) liquor license for **Rybo Ventues Inc. Inc d/b/a Poison Ivy Pub** for off-premise sales of alcohol in conjunction with **Hometown Holiday on December 13, 2025 at 10531 Main Street.**

President Gustafson stated there is an application for Rybo Ventures Inc. Inc d/b/a Poison Ivy Pub to sell alcohol off premise in conjunction with Hometown Holiday on December 13, 2025.

President Gustafson asked for a motion to approve the application.

Motion was made by Trustee Broda, second by Trustee Sima. Voting yes: Trustees Wright, Babcock, Mead, Sima, Broda 5-0-0.

PUBLIC COMMENT (Limited to 3 minutes per speaker)

ADJOURNMENT

President Gustafson asked for a motion to Adjourn the meeting.

Motion was made by Trustee Wright, second by Trustee Broda. Voting yes: Trustees Mead, Broda, Sima, Babcock, Wright 5-0-0.

Meeting was Adjourned at 6:23 pm.

VILLAGE OF ROSCOE

AGENDA ITEM - STAFF REPORT



V I L L A G E of
ROSCOE

Item # 2.

Agenda Item: **Approval of Ordinance 2025-XXX decreasing the maximum number of authorized Class “F” (Full Liquor On Premise Only) liquor licenses to six (6)** [7 currently authorized, Whiskey Hotel Barbeque closed].

Date: 11/25/2025

Meeting: Liquor Commission 12/02/2025

Prepared by: Janel Reidinger

Department: License

Overview/Background Information

The Village Code establishes a maximum number of authorized liquor licenses for each classification. With the recent closure of Whiskey Hotel Barbeque, the associated Class “F” liquor license was surrendered. This ordinance amendment formally updates the Code to reflect the current number of active and available Class “F” licenses.

Key Issues

This update is administrative in nature and ensures that the Village Code accurately matches the number of licenses currently issued and available.

Fiscal Note/Budget Impact

Reduction of one (1) Class “F” license results in a potential revenue decrease of \$3,000 annually should the license remain unissued.

Prior Legislative Actions

The Village previously authorized seven (7) Class “F” liquor licenses.

Action Required/Recommendation

Staff recommends approval of the ordinance decreasing the maximum number of Class “F” liquor licenses to six (6).

Attachments

Ordinance
Master Liquor License List

2026 LIQUOR LICENSES

Class A	
FIESTA CANCUN AUTHENTIC MEXICAN RESTAURANT OF ROSCOE, INC. dba FIESTA CANCUN MEXICAN RESTAURANT	460-26
PENNY INC dba QUIK MART 5755	462-26
PENNY INC dba QUIK MART 5526	505-26
SCHNUCK MARKETS INC DBA SCHNUCKS MARKET	458-26
DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL	457-26
MARY'S MARKET ROSCOE LLC	500-26
Class BL	
ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 6	496-26
ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 4	493-26
MILLION MILE LLC dba CECE'S LUCKY SLOTS	482-26
DANDY'S INC dba DANDY'S SLOTS	488-26
EMPIRE SLOTS ROSCOE LLC dba ROYALTY SLOTS	494-26
JACKPOT JOE'S LLC dba JACKPOT JOE'S	442-26
ADRI'S GAMING BOUTIQUE, INC dba LUCKY HORSESHOE	480-26
SUZZIE, LLC dba MAMA SUE'S DELI & SLOTS	484-26
NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING	481-26
PIPITONE INC dba SLOTS OF FORTUNE	467-26
A G P 18 INCORPORATED dba SLOTS OF FORTUNE	492-26
Class C	
CASEY'S RETAIL COMPANY dba CASEY'S GENERAL STORE #3536	479-26
HIGHLAND PARK CVS LLC dba CVS/PHARMACY #8524	449-26
US PETRO INC dba LUNA FOOD MART	503-26
GPM MIDWEST, LLC dba FAS MART #5224	465-26
KELLEY WILLIAMSON CO dba HONONEGAH MOBIL	443-26
KELLEY WILLIAMSON CO dba ROSCOE MOBIL	444-26
THORNTONS LLC dba THORNTONS #331	489-26
WALGREEN CO dba WALGREENS #6001	451-26

Class F	
RJR GAMING INC dba BENNY'S SLOTS WINE & SPIRITS	491-26
HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB	447-26
LOU'S TAP, INC dba LOUIE'S TAP HOUSE	477-26
RYBO VENTURES INC dba POISON IVY PUB	459-26
VFW POST #2955 dba VFW POST 2955	450-26
PIETRO'S OF ROSCOE LLC dba PIETRO'S PIZZERIA	498-26
Class G	
LOVES TRAVEL STOPS & COUNTRY STORE dba LOVE'S TRAVEL STOP #322	441-26
SPEEDWAY LLC dba SPEEDWAY 3962	485-26
Class CT	
PERFECTLY SEASONED LLC dba PERFECTLY SEASONED	490-26
HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB	502-26
Class D	
USKANA HOSPITALITY GROUP dba JESSICA'S RESTAURANT	499-26
TOMAR LLC dba 815 PIZZA	497-26
Class BP	
Class T	
Notes	

Liquor License Classifications	Current Fee	Total Licenses	Fee Totals
Class A On & Off Premises (Full Liquor)	\$4,000	6	\$24,000
Class BL Boutique Gaming	\$6,000	11	\$66,000
Class BP Brew Pub	\$2,500	0	\$0
Class C Package Store (Full Liquor)	\$3,000	8	\$24,000
Class D Beer & Wine (on Premises)	\$2,500	2	\$5,000
Class F Full Liquor (on Premises Only)	\$3,000	6	\$18,000
Class G Package Store (Beer & Wine)	\$2,000	2	\$4,000
Class CT - Caterer Retailer	\$500	2	\$1,000
Class T Temporary One Day	\$100	0	\$0
		37	\$142,000

VILLAGE OF ROSCOE
ORDINANCE NO. 2025-XX

AN ORDINANCE AMENDING SEC. 11-342 OF THE VILLAGE OF ROSCOE CODE OF ORDINANCES CONCERNING THE REGULATION OF LICENSED LIQUOR ESTABLISHMENTS WITHIN THE VILLAGE OF ROSCOE (REDUCING CLASS “F”)

WHEREAS, Sec. 11-342 of the Village of Roscoe’s Code of Ordinances defines the classification, scope and fees for liquor licenses available in the Village; and

WHEREAS, the Village of Roscoe desires to amend Sec. 11-342 by **decreasing** the total number of **Class “F”** Liquor Licenses authorized and available for issuance by the Village of Roscoe; and

WHEREAS, this Ordinance is not intended to deprive any currently licensed liquor establishment from maintaining their current liquor license classifications, nor from restricting those establishments from renewing their licenses pursuant to the regulations set forth under the Village of Roscoe Code of Ordinances; and

WHEREAS, the Village of Roscoe is authorized and empowered by statute to amend and enforce the provisions of this Ordinance.

NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF ROSCOE, WINNEBAGO COUNTY, ILLINOIS AS FOLLOWS:

Section 1. The foregoing recitals are incorporated herein as findings of the Village of Roscoe Board of Trustees.

Section 2. That section **Sec. 11-342(d)** of the Village of Roscoe Code of Ordinances is hereby amended to reflect as follows:

“The number of **Class “F” (On Premise, Full Liquor)** licenses which may be in force and effect at any given time shall be limited to **six (6).**“

Section 3. Any portion of any other ordinance in conflict with this ordinance is hereby expressly repealed to the extent of the conflict.

Section 4. All other portions of the Code of Ordinances of the Village of Roscoe shall remain in full force and effect.

Section 5. This Ordinance shall be in full force and effect from and after its passage, approval, and publication in pamphlet form as provided by law.

2025-XX				
1st Read:				
PASSED BY ROLL CALL VOTE ON:				
NAME	AYE	NAY	ABSTAIN	ABSENT
Trustee William Babcock				
Trustee John Broda				
Trustee Dayne Mead				
Trustee Michael Sima				
Trustee Michael Wright				
President Carol A. Gustafson				

APPROVED DECEMBER 02, 2025:**ATTEST:**_____
VILLAGE PRESIDENT_____
VILLAGE CLERK

2026 Liquor License

6 - 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 5755

PENNY INC dba QUIK MART 5526

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC

SECTION 1: Applicant Information

Primary Contact Person /Agent: ~~Jose M. Pacheco~~ Jose M. Pacheco
Licensee: Rosalio Pacheco - Fiesta Cancun Roscoe
Business Name (d/b/a): Fiesta Cancun Roscoe
Mailing Address: 5077 Rockrose Court Roscoe, IL 611073
Premise Address: 5077 Rockrose Court Roscoe, IL 611073
Email: [REDACTED]
Business Phone: [REDACTED] Other Phone: N/A Fax: N/A

Corporate Information (if applicable)

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: 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: 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:	<u>15</u>	%
Food Sales:	<u>8.5</u>	%
General Merchandise (or other):	<u>0</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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Penny Lekhani
Licensee: _____
Business Name (d/b/a): Penny Inc. D.B.A. Dark Meat
Mailing Address: 5755 ELEVATOR RD - ROSCOE
Premise Address: 5755 ELEVATOR RD ROSCOE
Email: _____
Business Phone: 815-623-2131 Other Phone: _____ Fax: 815-623-2131

Corporate Information (if applicable) 67954424
Illinois Corporate Registration Number: 14530-59584 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: _____

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 INS. Co. of America
Address: 25, NORTH WEST Point Blvd - Ste 625
Policy Number: 0364408741 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: 70%
Food Sales: -
General Merchandise (or other): 5%
Net Terminal Income (gaming revenue): 25%

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)



RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Penny Lakhani
 Licensee: _____
 Business Name (d/b/a): Penny Inc D.B.A. Quik Mart
 Mailing Address: _____
 Premise Address: 5526 Elmhurst Rd Site 5520, 5526-5524
 Email: [REDACTED]
 Business Phone: 815-623-2131 Other Phone: — Fax: 815-623-2131

Corporate Information (if applicable)

Illinois Corporate Registration Number: 14530-59584 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: _____

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: ASSURED PARTNERS OF IL LLC
 Address: 95 NORTHWEST Point Blvd #625 Elk Grove Village
 Policy Number: 086H402741 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: 70% %
 Food Sales: — %
 General Merchandise (or other): 5% %
 Net Terminal Income (gaming revenue): 25% %

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)



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: Schnuck Markets, Inc., ATTN: Beth Manis, Legal; 11420 Lackland Rd., St. Louis, MO 63146
Premise Address: 4860 Hononegah Road, Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 314-994-9900 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 copy

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)

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
Licensee: Doris I. Deschler
Business Name (d/b/a): Doris Deschler Inc DBA Whiffle tree Bar+Grill
Mailing Address: 113 47 Main Street Box 108 Roscoe, IL. 61073
Premise Address: 113 47 Main Street Roscoe, IL. 61073
Email: _____
Business Phone: 815-623-8213 Other Phone: _____ Fax: _____

Corporate Information (if applicable) 54099223

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 Ins. Co
Address: 1635 W. Natl. Ave, Milwaukee, WI 53204
Policy Number: 00 740-996 13 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: 23 %
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)



SECTION 1: Applicant Information

Primary Contact Person /Agent: Cherish Ruenger
Licensee: Mary's Market Roscoe
Business Name (d/b/a): Mary's Market Roscoe
Mailing Address: 4866 Bluestem Rd Roscoe, IL 61073
Premise Address: 4866 Bluestem Rd Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815.312.5778 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 4315-0381 Date of Incorporation/Formation: 2019
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: Nationwide Mutual Insurance
Address: One West Nationwide Blvd Columbus OH 43215-2220
Policy Number: ACP CG01 3211784960 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>1</u>	%
Food Sales:	<u>99</u>	%
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)

2026 Liquor License

11 - 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

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE

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: 815-654-7568 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: BP10027820 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:	<u>10</u>	%
Food Sales:	<u>10</u>	%
General Merchandise (or other):	_____	%
Net Terminal Income (gaming revenue):	<u>80</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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 4.

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: 815-654-7568

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: BP10027820

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)

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
Business Name (d/b/a): Cele's Lucky Slots
Mailing Address: 11907 Main Street Suite 2
Premise Address: 11907 Main Street
Email: [REDACTED]
Business Phone: 815-270-0093 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable) 6395139

Illinois Corporate Registration Number: 4275-9390 Date of Incorporation/Formation: 12-22-15
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 ~ Mosher & Associates
Address: 127 W. 8th St. Monroe, WI 53566
Policy Number: BP23012562 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:	<u>20</u>	%
Food Sales:	<u>0</u>	%
General Merchandise (or other):	<u>0</u>	%
Net Terminal Income (gaming revenue):	<u>80</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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Peter P. Gwizdala
Licensee: Peter P. Gwizdala
Business Name (d/b/a): Dandys Slots
Mailing Address: 5066 Rockrose Ct.
Premise Address: 5066 Rockrose Ct.
Email: [REDACTED]
Business Phone: 815-270-0791 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 72364247
37-1947955 Date of Incorporation/Formation: [REDACTED]
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 Insurance Agency, Inc
Address: 810 N. Alpine Rd, Rockford, IL 61107-3673
Policy Number: [REDACTED] 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: 10 %
Food Sales: [REDACTED] %
General Merchandise (or other): [REDACTED] %
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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 4.

SECTION 1: Applicant InformationPrimary Contact Person /Agent: Michael Capriola liLicensee: Empire Slots RoscoeBusiness Name (d/b/a): Empire Slots RoscoeMailing Address: 4972 Hononegah RdPremise Address: 4972 Hononegah RdEmail: [REDACTED]Business Phone: 8159789724

Other Phone: _____

Fax: _____

Corporate Information (if applicable)Illinois Corporate Registration Number: 9945709

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: Broadmoor Agency IncAddress: 3923 East State StPolicy Number: US-2025-118Coverage 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: 0 %General Merchandise (or other): 0 %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) | | | |

SECTION 1: Applicant Information

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

Corporate Information (if applicable)

Illinois Corporate Registration Number: 0340777
27-9001019 Date of Incorporation/Formation: 2017
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: Accord/Reese Insurance Agency
Address: 420 Financial #102 Rockford, IL 61107
Policy Number: 0076839257 Coverage Limits: 1,000,000.00 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: 45 %
Food Sales: _____ %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): 55 %

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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: DIANA L KITE
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 ROCKFORD, IL 61102
Premise Address: 5441 BRIDGE ST UNIT A ROSCOE, IL 61073
Email: [REDACTED]
Business Phone: 815-222-6762 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70985284 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: ECKBURG INSURANCE GROUP, INC.
Address: P.O. BOX 15490 LOVES PARK, IL 61132
Policy Number: LL102153 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: 8 %
General Merchandise (or other): 8 %
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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§ 114 of Village of Roscoe Code of Ordinances

Item # 4.

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>3.1</u>	%
Food Sales:	<u>0.1</u>	%
General Merchandise (or other):	<u>0</u>	%
Net Terminal Income (gaming revenue):	<u>96.8</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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 4.

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: 4.1 %

Food Sales: 0 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 95.9 %

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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Antonino 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: 1-07-2014
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: Society Insurance Company (Mackay Insurance Agency)
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: 85 %
Food Sales: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 65 %

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@roscoeil.gov

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 Trc.
Business Name (d/b/a): Slots of Fortune
Mailing Address: P.O. Box 66 Rockton, IL 61072
Premise Address: 4767 Bluestem Rd Roscoe
Email: [REDACTED]
Business Phone: 815-543-8801 Other Phone [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70278413 Date of Incorporation/Formation: 08/04/2015
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 (Macktown Insurance Agency)
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: 35 %
Food Sales: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 65 %

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)

2026 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

US PETRO INC dba LUNA FOOD MART

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

SECTION 1: Applicant Information

Primary Contact Person /Agent: CASEY'S LICENSING DEPARTMENT

Licensee: CASEY'S RETAIL COMPANY

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

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: [REDACTED]

Fax: N/A

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: 04/29/2004

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

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>17</u>	%
Food Sales:	<u>65</u>	%
General Merchandise (or other):	<u>29</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)



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

Item # 5.

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: _____
 Licensee: Highland Park CVS LLC
 Business Name (d/b/a): CVS Pharmacy #8524
 Mailing Address: One CVS Dr mcll60 Woonsocket RI 02895.
 Premise Address: 4843 Blue Stem Rd, Roscoe IL 61073.
 Email: [REDACTED]
 Business Phone: 815-623-1696 Other Phone: [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: See Attached Date of Incorporation/Formation: 8-24-2001
 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: less 1 %
 Food Sales: less 1 %
 General Merchandise (or other): _____ %
 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) | | |

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: MD Amanur Rashid Khan

Licensee: US Petro Inc

Business Name (d/b/a): Luna Food Mart

Mailing Address: 5663 Blue Reef Place, Nokomis, FL 34275

Premise Address: 11607 Main St., Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 239-204-6140

Other Phone: _____

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 74899307

Date of Incorporation/Formation: OCTOBER 14, 2024

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: Hadron Specialty Insurance Company, Nautilus Insurance Company & NorGUARD Insurance Company

Address: 1825 Lockeway Drive, #205, Alpharetta, GA 30004

Policy Number: CSRM009988

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: 9 %

Food Sales: 11 %

General Merchandise (or other): 80 %

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)



RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 5.

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: XSLG48931121 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>9</u>	%
Food Sales:	<u>14</u>	%
General Merchandise (or other):	<u>77</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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 5.

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: 815-401-4629

Other Phone: _____

Fax: 815-401-4629

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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 5.

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: 815-327-0067

Other Phone: _____

Fax: 815-327-0067

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:	<u>12</u>	%
Food Sales:	<u>14</u>	%
General Merchandise (or other):	<u>74</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) | | |



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

Item # 5.

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): Thornton's #331
Mailing Address: 2600 James Thornton Way, Louisville, KY 40245
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: MW24-316401-25 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): _____ %

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)

SECTION 1: Applicant Information

Primary Contact Person /Agent: Angie S. Heslop

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: _____

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 Company

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): _____ %

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) | | |

2026 Liquor License

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

TOMAR LLC dba 815 PIZZA

USKANA HOSPITALITY GROUP dba JESSICA'S RESTAURANT

SECTION 1: Applicant Information

Primary Contact Person /Agent: Rose Bilardello / Antonino Bilardello
Licensee: Tomar LLC
Business Name (d/b/a): 815 PIZZA
Mailing Address: 14229 Manhattan St.
Premise Address: 11607 Main St.
Email: [REDACTED]
Business Phone: (815) 623-9750 Other Phone: [REDACTED] Fax: NA

Corporate Information (if applicable)

Illinois Corporate Registration Number: 12807929 Date of Incorporation/Formation: 2-8-2023
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 Company
Address: 150 Camelot Dr. Ford 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: 5 %
Food Sales: 94.7 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 4.8 %

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)

Subject: Tomar LLC 2025 May thru Oct Financials

To whom it may concern

Confirmation of financials for 2025 May thru Oct.

Total Sales : \$ [REDACTED]

-Alcohol sales: .500 %
-Food sales: 94.7 %
-General merchandise: 0 %
-Gaming revenue: 4.8 %

Thanks
Joel

C. Joel Vetrano Jr.
Invicta Ventures
PO Box 2022
Loves Park, IL 61130
Email: [REDACTED]
Cell: [REDACTED]
Fax: 844-993-2408

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 6.

SECTION 1: Applicant Information

Primary Contact Person /Agent: Vlora Seferi

Licensee: Uskana Hospitality Group - Jessica' s Restaurant, LLC

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

Mailing Address: 5091 Edgemere Ct. Roscoe, IL 61073

Premise Address: 5091 Edgemere Ct. Roscoe, IL 61073

Email: [REDACTED]

Business Phone: (815) 975-0354

Other Phone: _____

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 13397651

Date of Incorporation/Formation: 6-21-23

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 Company - Coyle-Kiley Insurance Agency

Address: 810 N Alpine Rd. Rockford, IL 61107

Policy Number: B756696 01

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:	<u>1</u>	%
Food Sales:	<u>99</u>	%
General Merchandise (or other):	<u>0</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)

2026 Liquor License

6 - 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

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 7.

SECTION 1: Applicant Information

Primary Contact Person /Agent: Rory D. Colwell
Licensee: RJR Gaming Inc.
Business Name (d/b/a): Benny's Slots Wine Spirits
Mailing Address: 7544 Harden Oak Lane Roscoe IL 61073
Premise Address: 5300 William S Drive
Email: [REDACTED]
Business Phone: (815) 270-0005 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

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: Setz Ins. Co.
Address: 1100 Cranston 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: 54.2 %
Food Sales: 42.3 %
General Merchandise (or other): 2.6 %
Net Terminal Income (gaming revenue): .9 %

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) | | | |

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 7.

SECTION 1: Applicant Information

Primary Contact Person /Agent: Michael Prosser
 Licensee: Hoffman House of East Rockford
 Business Name (d/b/a): Firehouse Pub
 Mailing Address: P.O. Box 968
 Premise Address: 10670 Main St.
 Email: [REDACTED]
 Business Phone: 815 623-8389 Other Phone: 505 63127 Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 02815671 Date of Incorporation/Formation: 8/20/14
 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: Tricor, LLC / West Bend Insurance
 Address: 2600 N. Pontiac Dr Janesville WI 53545
 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): 8 %
 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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 7.

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ryan Ash
Licensee: Louis Top Inc
Business Name (d/b/a): Louie's Top House
Mailing Address: 899 Palou Parkway, 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: _____

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

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: 42.16 %
Food Sales: 49.54 %
General Merchandise (or other): .16 %
Net Terminal Income (gaming revenue): 8.14 %

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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 7.

SECTION 1: Applicant Information

Primary Contact Person /Agent: Garry Raley, Jr. / Brian Folz

Licensee: RYBO Ventures, Inc.

Business Name (d/b/a): Poison Ivy Pub

Mailing Address: (Garry) 11805 Tar Heel Trail, Rockton, IL 61072 / (Brian) 6950 Michelle Dr., Roscoe, IL 61073

Premise Address: 5765 Elevator Rd., Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-623-1480

Other Phone: [REDACTED]

Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 36-4444634 611630104 Date of Incorporation/Formation: 05/2001

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: Badger Mutual through Covenant Insurance Group, Inc

Address: 10772 Main St. Ste 2, PO Box 917, Roscoe, IL 61073

Policy Number: 00770-57014

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: 35 %

Food Sales: 60 %

General Merchandise (or other): 5 %

Net Terminal Income (gaming revenue): 5 %

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@roscoeil.gov

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: TERRY M. WALKER
Licensee: ROSCOE VFW POST 2955
Business Name (d/b/a): ROSCOE VFW POST 2955
Mailing Address: 11305 2nd St.
Premise Address: SAME AS ABOVE
Email: [REDACTED]
Business Phone: 815-623-1663 Other Phone: 52695112 Fax: 36-334-8230

Corporate Information (if applicable)

Illinois Corporate Registration Number: 36-334-8230 Date of Incorporation/Formation: 52695112
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: 201L 0000103BUP 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)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Matthew Yauke
Licensee: Pietros of Roscoe, LLC
Business Name (d/b/a): Pietro's Pizzeria
Personal Mailing Address: 6825 middle Rd South Beloit, IL 61086
Mailing Premise Address: 5724 Elevator Rd Roscoe, IL 61111
Email: [REDACTED]
Business Phone: 815-623-2112 Other Phone: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 03865703 Date of Incorporation/Formation: 4/19/2012
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: Ace
Address: _____
Policy Number: DO 2478337 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: 92% %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): 3% %

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 | <u>\$3,000.00</u> |
| ☐ | 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)

2026 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

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

Item # 8.

SECTION I: Applicant Information

Primary Contact Person /Agent: Licensing Department/ Alcohol & Tobacco SME 405-463-8891

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: 4/16/2002

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: XSLG48926162

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: 56 %

General Merchandise (or other): 37 %

Net Terminal Income (gaming revenue): 5 %

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) | | | |

SECTION 1: Applicant Information

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

Corporate Information (if applicable)

Illinois Corporate Registration Number: 2873-4785 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: _____

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: Am Risk Services Southwest Inc
Address: 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244
Policy Number: 9941258 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: 6 %
Food Sales: 18.05 %
General Merchandise (or other): 75.876 %
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)			

2026 Liquor License

2 - Class CT Caterer Retailer (Full Liquor)

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

SECTION 1: Applicant Information

Primary Contact Person /Agent: Erin M. Bednars
Licensee: Perfectly Seasoned, LLC
Business Name (d/b/a): _____
Mailing Address: 11013 Main Street Roscoe, IL 61073
Premise Address: same as above
Email: [REDACTED]
Business Phone: 815-242-7744 Other Phone: 0 Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 67121814 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 06106
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: 67.87 %
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) | | | |

SECTION 1: Applicant Information

Primary Contact Person /Agent: Michael Prosser
Licensee: Hoffman House of East Rockford
Business Name (d/b/a): Firehouse 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: 50503127 Date of Incorporation/Formation: 8/20/24
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 / Tricor, LLC - Beloit
Address: 2031 Riverside Dr. Beloit WI 53511
Policy Number: 15350 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: 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) | | | |