

2025 Liquor License

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

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

PENNY INC dba QUIK MART

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC



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

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Eduardo Pacheco
Licensee: Fiesta Cancun Roscoe
Business Name (d/b/a): Fiesta Cancun Roscoe
Mailing Address: 5077 Rockrose Ct. Roscoe, IL 61073
Premise Address: 5077 Rockrose Ct. Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-623-3111 Other Phone: N/A Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 65437295
101-0007-5-001 Date of Incorporation/Formation: February, 2008
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: _____

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Society Insurance Company
Address: P.O. Box 1500 Janesville, WI 53547
Policy Number: ROP563594 Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 15 %
Food Sales: 85 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 0 %

License Information

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

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



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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: CITIZENS
Address: _____

Policy Number: DRCH408741 Coverage Limits: ONE Million

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input checked="" type="checkbox"/> | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| <input type="checkbox"/> | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| <input type="checkbox"/> | Class F | On Premise Only Full Liquor | \$3,000.00 |
| <input type="checkbox"/> | Class G | Package Store Beer & Wine | \$2,000.00 |
| <input type="checkbox"/> | Class C | Package Store Full Liquor | \$3,000.00 |
| <input type="checkbox"/> | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| <input type="checkbox"/> | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| <input type="checkbox"/> | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
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| <input type="checkbox"/> | Class C | Package Store Full Liquor | \$3,000.00 |
| <input type="checkbox"/> | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| <input type="checkbox"/> | Class BP | Brew Pub Full Liquor | \$2,500.00 |
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SECTION 1: Applicant Information

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

Licensee: _____

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

Mailing Address: 1499 Luanna Drive Rockford IL 61103

Premise Address: 11347 Main Street Roscoe, IL 61073

Email: _____

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

Corporate Information (if applicable) 5409223

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

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Badger Mutual Insurance Co.

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 56 %

Food Sales: 25 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 19 %

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input checked="" type="checkbox"/> | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| <input type="checkbox"/> | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| <input type="checkbox"/> | Class F | On Premise Only Full Liquor | \$3,000.00 |
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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input checked="" type="checkbox"/> | Class A | On & Off Premises Full Liquor | \$4,000.00 |
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