

2025 Liquor License

12 - Class BL Boutique Gaming

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

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

MILLION MILE LLC dba CECE'S LUCKY SLOTS

DANDY'S INC dba DANDY'S SLOTS

EMPIRE SLOTS ROSCOE LLC dba ROYALTY SLOTS

JACKPOT JOE'S LLC dba JACKPOT JOE'S

ADRI'S GAMING BOUTIQUE, INC dba LUCKY HORSESHOE

SUZZIE, LLC dba MAMA SUE'S DELI & SLOTS

PINEWOODS RESTAURANT GROUP LLC dba MOLLY'S DELI

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE



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: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

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

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

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

Email: [REDACTED]

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

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024

Date of Incorporation/Formation: 07/01/2014

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Society Insurance

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

Policy Number: BP19016078-3

Coverage Limits: \$2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 10 %

Food Sales: 10 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 80 %

License Information

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

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| <input 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 checked="" 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: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

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

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

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

Email: [REDACTED]

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

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024

Date of Incorporation/Formation: 07/01/2014

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Society Insurance

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

Policy Number: BP19016078-3

Coverage Limits: \$2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 10 %

Food Sales: 10 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 80 %

License Information

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

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| <input 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 checked="" 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 |

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input 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 checked="" 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 |
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SECTION 1: Applicant Information

Primary Contact Person /Agent: Pette Gwizdala

Licensee: Pete Gwizdala

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

Mailing Address: 5066 Rockrose Ct Roscoe IL 61073

Premise Address: 5066 ROCKROSE CT. ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 815-270-0791

Other Phone: [REDACTED]

Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 37-1947955

Date of Incorporation/Formation:

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

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

Policy Number: BP 10033197

Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 15 %

Food Sales: %

General Merchandise (or other): %

Net Terminal Income (gaming revenue): 85 %

License Information

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

- | | | | |
|---|-----------------|-------------------------------|------------|
| <input 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 checked="" 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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Michael Capriola II

Licensee: Empire Slots Roscoe

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

Mailing Address: 4747 Guilford Rd

Premise Address: 4972 Hononegah Rd

Email: [REDACTED]

Business Phone: 779-970-1483

Other Phone: [REDACTED]

Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 09945709

Date of Incorporation/Formation: 3/5/2021

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Broadmoor Insurance

Address: 3923 East State Street

Policy Number: 10-2021-921

Coverage Limits: 1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 10 %

Food Sales: %

General Merchandise (or other): %

Net Terminal Income (gaming revenue): 90 %

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input 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 checked="" 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 |
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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input 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 checked="" 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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| <input 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 checked="" 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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ezio Marino

Licensee: Suzzie, LLC

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

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5428 Williams Dr. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-1380

Other Phone: [REDACTED]

Fax:

Corporate Information (if applicable)

Illinois Corporate Registration Number: 07002017

Date of Incorporation/Formation: 5/30/18

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Illinois Casualty Company

Address: 323 Main St. Pecatonica IL 61063

Policy Number: LL 105108

Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input 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 checked="" 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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Pinewoods Restaurant Group, LLC
Licensee: ↓
Business Name (d/b/a): Molly's Deli
Mailing Address: 7431 E State St #137, Rockford IL 61108
Premise Address: 5520 Elevator Rd, Roscoe, IL 61073
Email: [REDACTED]
Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04090285-6 Date of Incorporation/Formation: 11-15-2012
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: N/A

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Broadmoor Agency
Address: PO Box 17069, Rockford, IL 61110
Policy Number: 00768-99893 Coverage Limits: 1,000,000.00

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales: 1.7 %
Food Sales: .5 %
General Merchandise (or other): 2.8 %
Net Terminal Income (gaming revenue): 95 %

License Information

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

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input 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 checked="" 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 |
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VILLAGE of ROSCOE

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Ezio Marino

Licensee: Next Stop Enterprises LLC

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

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5215 Elevator Rd. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-0760

Other Phone: [REDACTED]

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 05543428

Date of Incorporation/Formation: 12/15/15

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

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

Insurance Company Name: Illinois Casualty Company

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

Policy Number: LL104161

Coverage Limits: \$1,000,000

Anticipated Revenue

Attach a copy of your financial statement.

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

Alcohol Sales:	<u>6.2</u>	%
Food Sales:	<u>0</u>	%
General Merchandise (or other):	<u>0</u>	%
Net Terminal Income (gaming revenue):	<u>93.8</u>	%

License Information

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

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| <input 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 checked="" 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 |
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

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SECTION 1: Applicant Information

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|-------------------------------------|------------------------|--|-------------------|
| <input 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 checked="" 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)



VILLAGE of ROSCOE

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

Corporate Information (if applicable)

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

Dram Shop Coverage

Attach a copy of the policy declaration to this application

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

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

Anticipated Revenue

Attach a copy of your financial statement.

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

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

License Information

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

- | | | | |
|--|------------------------|--|-------------------|
| <input 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 checked="" 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) | | | |