



10631 Main Street, P.O. Box 283, Roscoe IL 61073
 Phone) 815-623-2828 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Applicant: Mary's Market Roscoe LLC
 Business Name (d/b/a): _____
 Primary Contact Person /Agent: Chensh Ruenger
 Mailing Address: 4343 E. State St Rockford, IL 61108
 Premise Address: 4866 Blue Stem Rd Roscoe, IL 61073
 Email: [REDACTED]
 Business Phone: 815-312-5778 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 43-2870717 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. Hallacher Risk Management
 Address: 555 S. Perryville Rd Rockford, IL 61108
 Policy Number: BPFL 3028755923 Coverage Limits: 1,000,000

Anticipated Revenue

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

Alcohol Sales: 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) | \$4000.00 | <input checked="" type="checkbox"/> Application Fee \$500.00 |
| <input type="checkbox"/> Class C | Package Store (Full Liquor) | \$3000.00 | (new licenses and license class changes only) |
| <input type="checkbox"/> Class D | Beer & Wine (On Premises) | \$2500.00 | |
| <input type="checkbox"/> Class F | Full Liquor (On Premise Only) | \$3000.00 | |
| <input type="checkbox"/> Class G | Package Store (Beer & Wine) | \$2000.00 | |
| <input type="checkbox"/> Class T | Temporary (One Day) | \$ 100.00 | |
| <input type="checkbox"/> Class BL | Boutique Gaming | \$6000.00 | |
| <input type="checkbox"/> Class BP | Brew Pub | \$2500.00 | |
| <input type="checkbox"/> Class CT | Caterer Retailer (Full Liquor) | \$ 500.00 | |

Office Use Only

Date Issued: _____ Expires: _____ Fee: _____
☐ Check # _____ ☐ Cash ☐ Credit Card Receipt # _____

License No: _____