



Class T Temporary Liquor License Application

Applicant Information

Applicant: Rybo Ventures, Inc.
 Business Name (d/b/a): Poison Ivy Pub
 (Must have current Village of Roscoe Liquor License)
 Village of Roscoe Liquor License Number: 459-25 License Class: F
 Primary Contact Person /Agent: Elizabeth Raley
 Mailing Address: 5765 Elevator Rd. Roscoe IL 61073
 Email: [REDACTED]
 Business Phone: 815-623-1480 Other Phone: [REDACTED] Fax: _____

General Information

Type of Event Roscoe Lion's Fall Festival
 Address/Location of Event 5727 Broad St. Roscoe, IL 61073
 Set up dates and times Thurs. 9/4/25
 Tear down dates and times Mon. 9/8/25

| | | |
|--------------------------|--|--------------------------------------|
| Event Date <u>9/5/25</u> | Alcohol Sales Start Time: <u>5:00</u> | Alcohol Sales End Time: <u>10:00</u> |
| Event Date <u>9/6/25</u> | Alcohol Sales Start Time: <u>12:00</u> | Alcohol Sales End Time: <u>10:00</u> |
| Event Date <u>9/7/25</u> | Alcohol Sales Start Time: <u>12:00</u> | Alcohol Sales End Time: <u>8:00</u> |
| Event Date _____ | Alcohol Sales Start Time: _____ | Alcohol Sales End Time: _____ |

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 (Covenant Group) through
 Address: 10772 Main St. #2, Roscoe IL 61073
 Policy Number: _____ Coverage Limits: \$ 2,000,000.00

License Information

Number of Days Requested 3 Class T Temporary (One Day) \$ 100.00/day

Office Use Only

Date Issued: _____ Expires: _____ Fee: 300.- License No: _____
 Check # _____ Cash Credit Card Receipt # _____



AFFIDAVIT

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

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

[Redacted Signature]

[Redacted Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

President / owner

Treasurer / owner

(TITLE OR POSITION)

(TITLE OR POSITION)

6/2/25

6/23/2025

(DATE SIGNED)

(DATE SIGNED)

AFFIRM:

(SECRETARY)

(DATE SIGNED)

STATE OF IL)

COUNTY OF Winebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 23 DAY OF June

[Redacted Signature]

NOTARY PUBLIC

