



ROSCOE

10631 Main Street, P.O. Box 283, Roscoe IL 61073
 Phone) 815-623-2829 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: Tomar LLC
 Business Name (d/b/a): Anna Maria's 2
 Primary Contact Person /Agent: Antonino Bilardello
 Mailing Address: 14229 Manhattan St.
 Premise Address: 11607 Main St. Roscoe, IL
 Email: [REDACTED]
 Business [REDACTED] ax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: _____ 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: Society Ins. Company
 Address: 150 Camelot Dr. Fond du Lac, WI 54935
 Policy Number: _____ 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): _____ %
 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) | \$4000.00 | <input 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 checked="" 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: _____ License No: _____
☐ Check # _____ ☐ Cash ☐ Credit Card Receipt # _____

VILLAGE OF ROSCOE
10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com
RETAIL LIQUOR DEALER'S LICENSE APPLICATION
§114 of Village of Roscoe Code of Ordinances

General Information (applies to anyone listed in Section 2)

Owner of Premises: GPM Midwest LLC Attach a copy of the lease if applicable

Date applicant began liquor sales at this premise: N/A

Illinois Liquor License Number: N/A

- ☐ YES ☒ NO Has applicant ever made application for a liquor license which was been denied?
☐ YES ☒ NO Has applicant ever had any previous liquor license suspended or revoked?
☐ YES ☒ NO Has applicant ever been convicted of a felony?
☐ YES ☒ NO Has applicant ever been convicted of a gambling offense?
☐ YES ☒ NO Do you possess a current federal wagering or gambling device stamp?
☐ YES ☒ NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

* If yes to any of the above, please explain on separate sheet.

SECTION 2: Owner & Officer Information

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: Antonino Bilardello
Title: President Percent Ownership: 50%
[Redacted] State Issued: IL
2. Name: Marianna Bilardello
Title: Secretary Percent Ownership: 50%
[Redacted] State Issued: IL
3. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
4. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
5. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
6. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____

VILLAGE OF ROSCOE
10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com
RETAIL LIQUOR DEALER'S LICENSE APPLICATION
§114 of Village of Roscoe Code of Ordinances

SECTION 3. Basset Certification

All new and renewal applications for liquor licenses must be accompanied with proof of completion of a State certified Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all owners & personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, the date the certification was issued and the expiration date. A separate Employee Registration Form is required for all employees.

<u>Employee Name</u>	<u>Certification Date</u>	<u>Expiration Date</u>
1 Rosetta Bilardello	3-9-2023	3-9-2026
2 Marianna Bilardello	3-7-2023	3-7-2026
3 Antonino Bilardello	3-13-2023	3-13-2026
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

VILLAGE OF ROSCOE
10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) frontdesk@villageofroscoe.com
RETAIL LIQUOR DEALER'S LICENSE APPLICATION
§114 of Village of Roscoe Code of Ordinances

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]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

President

(TITLE OR POSITION)

3.10.23

(DATE SIGNED)

[Redacted Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Secretary

(TITLE OR POSITION)

3-10-2023

(DATE SIGNED)

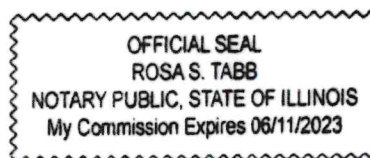
AFFIRM:

(SECRETARY)

(DATE SIGNED)

STATE OF Illinois

COUNTY OF Winnebago) SS



SUBSCRIBED AND SWORN TO BEFORE ME

THIS 10th DAY OF March 2023

[Redacted Signature]

NOTARY PUBLIC



8565 Magellan Parkway, Ste 400, Richmond, Virginia 23227 Phone: (804) 730-1568 Fax: (804) 746-1669

April 12, 2023

Re: Site # 5155- Tenant's Right to Occupy Confirmation Letter
Bilardello, Inc d/b/a Anna Maria's ("Tenant")
11607 Main Street, Roscoe, IL 61073 (the "Property")

Dear Sir or Madam:

GPM MIDWEST, LLC ("Landlord") leases the Property referenced above from SCF RC Funding IV LLC ("SCF") pursuant to an Amended and Assigned Lease Agreement dated June 7, 2007 (the "Master Lease"). Pursuant to the Master Lease, Landlord is given the right to sublease a portion of the Premises to Tenant.

Landlord hereby confirms in this confirmation letter for the purposes of Tenant's application for a local license that Tenant and Landlord are parties to a Sublease Agreement dated as of January 1, 2005, as amended, which authorizes Tenant to operate a restaurant. In addition, the Tenant has Landlord's permission to conduct retail sales of alcohol on the premises.

It is Landlord's understanding that a copy of the Sublease Agreement has been provided by the Tenant. Please do not hesitate to contact me with any additional questions regarding Tenant's right to occupy the Property and obtain necessary permits to conduct Tenant's business. I can be reached via email at JChanning@gpminvestments.com.

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "James R. Channing".

James R. Channing, Esq.
GPM MIDWEST, LLC

cc: Kellie Morris, Real Estate Manager