

Class T Temporary Liquor License Application

Applicant Information	_								
Applicant: Zagreb II LLC		ad Cwill							
Business Name (d/b/a): Murr (Must have current Village of									
Village of Roscoe Liquor Lice	_	•	License Class: AR-VGT/LIQUOR+SUN+GAMING						
Primary Contact Person /Agen			Dictable Glass.						
Mailing Address: 510 S Pe									
Email: murphyspub815		Y							
			045.000.0050						
Business Phone: 815-986	-0950	Other Phone: 815-509-379	9 Fax: 815-986-0956						
General Information									
Type of Event Mud Valeyb	all Tourname	nt							
Address/Location of Event	100 River	-St. Roscoe 1L							
Set up dates and times 08/0	3/2024 at 7a	am							
Tear down dates and times 0									
Event Date 08/03/2024		Start Time: 8am	Alcohol Sales End Time: 8pm						
Event Date		Start Time:	Alcohol Sales End Time:						
Event Date	Alcohol Sales	Start Time:	Alcohol Sales End Time:						
Event Date	Alcohol Sales	Start Time:	Alcohol Sales End Time:						
Dram Shop Coverage Attach a copy of the policy dec List dram insurance coverage is alcoholic liquor will be sold fo Insurance Company Name: F	including name a r the duration of	and address of insurance company the license.	y for the licensee and premises for which the						
Address: 7310 Madison									
Policy Number: 007309538		Coverage Limits:	1,000,000						
License Information		•							
Number of Days Requested _1									
Office Use Only									
Date Issued:	Expires:	Fee:	License No:						
Charle #	□ Credit Card	Pagaint #							



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.

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
managing memeber (TITLE OR POSITION)	(TITLE OR POSITION)
$\frac{4 - 1/-29}{\text{(DATE SIGNED)}}$	
(DATE SIGNED) AFFIRM:	(DATE SIGNED)
(SECRETARY)	(DATE SIGNED)
STATE OF ILLINOIS	<
COUNTY OF Winne bag o ss	OFFICIAL SEAL TRACEY L KOPPEN DAVIS NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 19/26/2027
SUBSCRIBED AND SWORN TO BEFORE ME	······································
THIS / DAY OF Opril 2004	
RPP	_
NOTARY PUBLIC	

POST IN A CONSPICUOUS PLACE

City of Rockford, Illinois LIQUOR

Expiration Date: 04/30/2024

License Number 22304 AR-VGT/LIQUOR+SUN+GAMING

\$3170.00

Business Name:

ZAGREB II LLC

DBA:

MURPHY'S PUB AND GRIL

Address:

510 S PERRYVILLE RD

City, State Zip:

ROCKFORD IL 61108

ID:

10387

Date Issued:

04/28/2023

Specifications

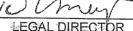
Total Received:

IT IS EXPRESSLY AGREED and made a condition hereof, that if the party obtaining this LICENSE shall fail to strictly adhere to or obey any and all of the City Ordinances and Regulations of the City of Rockford, in such cases made and provided, then, in that case, this LICENSE shall become absolutely null and void and all payments made for the same shall be forfeited to the City The licensee shall operate pursuant to the terms and conditions imposed by City Council





IN WITNESS WHEREOF, the Mayor and the Legal Director of said City have hereunto set their hands and affixed the Corporate Seal.



CORPORATE SEAL

GO COUNTERT

WILLIAM OF ROCK

This License is NOT Transferable

Business Name:

ZAGREB II LLC

DBA.

MURPHY'S PUB AND GRILL

Address:

510 S PERRYVILLE RD

City, State Zip:

ROCKFORD, IL 61108

ID: 10387

Date Issued: 04/28/2023



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License Number

Expiration Date: 04/30/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/11/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

th	is certificate does not confer rights to	the o	certifi	cate holder in lieu of such	n endor	sement(s).					
PRO	DUCER				CONTA NAME:		rrera CISR				
FO	REST INSURANCE				PHONE (A/C, No, Ext): (708) 383-9000 FAX (A/C, No): (708) 689-8					89-8388	
731	0 Madison St.				E-MAIL Icarrera@forestinsured.com ADDRESS:						
~ ~~				/							NAIC#
For	est Park			IL 60130-1706	INSURER A: Badger Mutual Ins. Co.						12
INSU	RED				INSURER B :						
C086900	Zagreb II LLC, DBA: Murphy's F	ub &	Grill	!	INSURER C :						
	510 South Perryville Road			1	INSURE	-					
					INSURER E :						
	Rockford			IL 61108	INSURER F:						
201		TIFIC	`ATF	NUMBER: Master 2023	INJURE	Rr.	7-1107-50-0	REVISION NUM	BER:		
TI	HIS IS TO CERTIFY THAT THE POLICIES OF	INSUF	RANCE	E LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE PO	OLICY PER	IOD	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS											
С	ERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, T	HE INS	SURANCE AFFORDED BY THE	E POLIC	IES DESCRIBE	D HEREIN IS SI	UBJECT TO ALL TH	HE TERMS,	i	
	KCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		1 KEDUC	POLICY EFF	POLICY EXP	Γ			
INSR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	4 00	0,000
	COMMERCIAL GENERAL LIABILITY		'					EACH OCCURRENCE DAMAGE TO RENTE		200	
	CLAIMS-MADE OCCUR		/						REMISES (Ea occurrence) \$ 300,		
			/					MED EXP (Any one person) \$ 10,00 PERSONAL & ADV INJURY \$ 1,000			
Α				0073095387		06/06/2023	06/06/2024				*
	GEN'L AGGREGATE LIMIT APPLIES PER:		'					GENERAL AGGREGATE		\$ 2,000,000	
	POLICY PRO- LOC		'					PRODUCTS - COMP	P/OP AGG	φ .	0,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO		/					BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per	r accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAG (Per accident)	E	\$	
	AUTOS ONLY AUTOS ONLY							(1 6, 200,0		\$	
	UMBRELLA LIAB OCCUR		\vdash					EACH OCCURRENC)F	\$	
	H EXPERSIVE H OCCUR							AGGREGATE	<u></u>	\$	
	CLAIIVIS-IVIADE	1						AGGREGATE		\$	s constitution of the second
	DED RETENTION \$ WORKERS COMPENSATION	-	\vdash					PER	OTH-	3	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		\$	
	DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLI CSL - Each Occu		\$ \$1.00	00,000
,	Liquor Liability			0073095387		06/06/2023	06/06/2024	001 - Laon 0000	1	Ψ1,0	10,000
Α				0073093367		00/00/2020	00/00/2027				
				C-b-dula		······································	in raquired)				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule, I	may be a	ttached if more sp	ace is requireu,				
	reb II, LC A: Murphy's Pub & Grill										
00,	i. Mulphy 31 db d Shii.										
	S. Perryv-ille Rd.										
Roc	kford, IL										
CEF	RTIFICATE HOLDER				CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
						EXPIRATION D ORDANCE WIT			DELIVER	ED IN	
Village of Roscoe											
10631 Main Street AUTHORIZED REPRESENTATIVE											
Roscoe IL 61073			Jon Irowne								