VILLAGE of ROSCOE

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: 459-26 License Class: F

Primary Contact Person /Agent: Elizabeth Raley

Mailing Address: 5765 Elevator Rd Roscoe, IL 61073

Email: e.raley.815@gmail.com

Business Phone: 815-623-1480 Other Phone: 815-218-8232 Fax: _____

General Information

Type of Event Hometown Holiday

Address/Location of Event 10631 Main St. Roscoe, IL 61073

Set up dates and times 11/21/2026

Tear down dates and times 11/21/2026

Event Date 11/21/26	Alcohol Sales Start Time: 3 pm	Alcohol Sales End Time: 6:30 pm
Event Date _____	Alcohol Sales 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 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 via Covenant Group

Address: 10772 Main St. #2 Roscoe, IL 61073

Policy Number: 00770-57014 Coverage Limits: 2,000,000

License Information

Number of Days Requested 1 Class T Temporary (One Day) $ 100.00/day

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Office Use Only

Date Issued: _____ **Expires:** _____ **Fee:** $100.00 **License No:** _____

Check # 2339 ☐ **Cash** ☐ **Credit Card** **Receipt #** 5980

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/14/2026

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Rebecca Troemel	
Meyer Insurance Agency, Inc. 206 Carver St., P.O. Box 68 Winslow IL 61089	PHONE (A/C, No, Ext): (815) 367-2622	FAX (A/C, No): (815) 367-2059
	E-MAIL ADDRESS: beckymeyerins@gmail.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Badger Mutual	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

RYBO Ventures, Inc. dba Poison Ivy Pub
5765 ELEVATOR RD
ROSCOE IL 61073

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			00770-57014	05/08/2026	05/08/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability			00770-57014	05/08/2026	05/08/2027		$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Hometown Holidays

Main Street – Downtown Roscoe

11/28/2026 3pm-6:30pm

CERTIFICATE HOLDER

Hometown Holidays
Roscoe, IL 61073

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca L. Troemel

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VILLAGE of ROSCOE

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)

CEO/President
(TITLE OR POSITION)

(DATE SIGNED)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(TITLE OR POSITION)

(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

OFFICIAL SEAL
TASHA A LASALA
Notary Public, State of Illinois
Commission No. 1039125
My Commission Expires
September 29, 2030

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 16 DAY OF October, 2024

Tasha A. LaSala
NOTARY PUBLIC

VILLAGE of ROSCOE

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.

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_____	_____
(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)	(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)
President / Owner	Vice President
(TITLE OR POSITION)	(TITLE OR POSITION)
_____	_____
(DATE SIGNED)	(DATE SIGNED)

AFFIRM: _____ _____
(SECRETARY) (DATE SIGNED)

STATE OF _____)

COUNTY OF _____) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____

_____
NOTARY PUBLIC

Receipt No: 1.000005980 Oct 16, 2026

Poison Ivy - Temp Liquor

General/Administration - Other Licenses		100.00
Total:		100.00
Checks/Money Orders	Chk No: 2339	100.00
Total Applied:		100.00
Change Tendered:		.00

10/16/26 03:09PM