



Class T Temporary Liquor License Application

Applicant Information

Applicant: RYBO Ventures
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: Garry & Elizabeth Raley, Brian Folz
Mailing Address: 5765 Elevator Rd. Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-623-1480 Other Phone: [REDACTED] Fax: _____

General Information

Type of Event Hometown Holiday
Address/Location of Event 1053\ Main St. Roscoe, IL 61073
Set up dates and times 12/13/25-(1200-1500)
Tear down dates and times 12/13/25-(1900-2100)
Event Date 12/13/25 Alcohol Sales Start Time: 1500 Alcohol Sales End Time: 1900
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 w/ Covenant Insurance Group, INC.
Address: 10772 Main St. Ste 2 PO Box 917 Roscoe, IL 61073
Policy Number: 00770-57014 Coverage Limits: _____

License Information

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

Office Use Only

Date Issued: _____ Expires: _____ Fee: _____ 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/CEO

COO

(TITLE OR POSITION)

(TITLE OR POSITION)

10/24/2025

10/24/2025

(DATE SIGNED)

(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF ILLINOIS)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 24 DAY OF October

[Redacted Notary Signature]

NOTARY PUBLIC

