



Class T Temporary Liquor License Application

Applicant Information

Applicant: Joseph Giaccone

Business Name (d/b/a): Louie's Tap House
 (Must have current Village of Roscoe Liquor License)

Village of Roscoe Liquor License Number: 477-24 License Class: F

Primary Contact Person /Agent: Joseph Giaccone

Mailing Address: 5689 Elevator Road, Roscoe IL 61073

Email: Giaccone@yahoo.com

Business Phone: 815-270-1020 Other Phone: 815 621 2517 Fax: _____

General Information

Type of Event "Pour in the Park" Beer Tasting

Address/Location of Event 5215 River St Roscoe IL 61073, Riverside Park

Set up dates and times May 4th 2024, 9:00am

Tear down dates and times May 4th 2024, 5:00pm

Event Date <u>05-04-24</u>	Alcohol Sales Start Time: <u>11:00 am</u>	Alcohol Sales End Time: <u>4:00 pm</u>
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: Keystone II Insurance Agency INC

Address: 513 S Phelps Avenue Rockford IL 61108

Policy Number: 154604-07136971 Coverage Limits: \$1,000,000

License Information

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

Office Use Only

Date Issued: _____ Expires: _____ Fee: 100. License No: _____

Check # 1426 Cash Credit Card Receipt # 1004431



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.

[Handwritten Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Joe Giaccone

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

General Manager

(TITLE OR POSITION)

(TITLE OR POSITION)

3-12-24

(DATE SIGNED)

(DATE SIGNED)

AFFIRM: _____

(SECRETARY)

(DATE SIGNED)

STATE OF Illinois)

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 12 DAY OF March



Janel Reiding

NOTARY PUBLIC

VILLAGE OF ROSCOE
10631 MAIN STREET
ROSCOE IL 61073

815-623-2829

Receipt No: 1.004431

Mar 12, 2024

LOUIES TAP HOUSE

Previous Balance:	.00
General/Administration - Class T Liquor License	100.00
<hr/>	
Total:	100.00
<hr/>	
Checks/Money Orders Check No: 1426	100.00
Payor: LOUIES TAP HOUSE	
Total Applied:	100.00
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Change Tendered:	.00
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Duplicate Copy

03/12/2024 1:58 PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2024

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 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 Keystone II Insurance Agency, Inc 513 S. Phelps Avenue Rockford IL 61108-		CONTACT NAME: Michael J. Purin PHONE (A/C, No, Ext): (815) 962-6641 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance		FAX (A/C, No): (815) 962-6652 NAIC #
INSURED Lou's Tap, Inc. 5689 Elevator Rd. Roscoe IL 61073-		INSURER B:		INSURER C:
		INSURER D:		INSURER E:
		INSURER F:		

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 CERTIFICATION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			154604-07136971	08/29/2023	08/29/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			40-463-222-00	08/29/2023	08/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$				/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	151704-07136973	08/29/2023	08/29/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor liability			154604-07136971	08/19/2023	08/19/2024	\$1,000,000 Limit of insurance

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER () - () - Village of Roscoe	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
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