



Class T Temporary Liquor License Application

Applicant Information

Applicant: Lois Tap Inc
Business Name (d/b/a): Lois Tap House
(Must have current Village of Roscoe Liquor License)
Village of Roscoe Liquor License Number: 477-24 License Class: Class F
Primary Contact Person /Agent: Joseph Giaccone
Mailing Address: 5689 Elevator Road
Email: Lois.TapHouse@yahoo.com
Business Phone: 815-270-1020 Other Phone: [REDACTED]

General Information

Type of Event: Dec 14th Xmas Event
Address/Location of Event: 5466 Bridge St Roscoe IL 61073
Set up dates and times: Dec 14th 2pm
Tear down dates and times: Dec 14th 8pm
Event Date: 12-14-24 Alcohol Sales Start Time: 3pm Alcohol Sales End Time: 7pm
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 Insurance - Michael Purin
Address: 515 S Phelps Ave
Policy Number: 154604 - 07136971 Coverage Limits: \$2,000,000

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 # 1429 ☐ 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]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

General Manager
(TITLE OR POSITION)

(TITLE OR POSITION)

10-31-24
(DATE SIGNED)

(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF ILLINOIS

COUNTY OF Winnebago) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 7 DAY OF November



[Redacted Signature]