



V I L L A G E of ROSCOE

Class T Temporary Liquor License Application

Applicant Information

Applicant: Steve Quies Rybo Ventures

Business Name (d/b/a): Poison Ivy Pub
(Must have current Village of Roscoe Liquor License)

Village of Roscoe Liquor License Number: 459-23 License Class: F Full Liquor

Primary Contact Person /Agent: Steve Quies

Mailing Address: 5765 Elevator rd

Email: Poisonivypub@yahoo.com

Business Phone: 815 623 1480 Other Ph: [REDACTED]

General Information

Type of Event Hometown Holidays

Address/Location of Event Main Street + Bridge Street

Set up dates and times 12/14 whenever advised/permitted

Tear down dates and times 12/14

Event Date 12/14/24 Alcohol Sales Start Time: 3 pm Alcohol Sales End Time: 7 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: Coyle-Kiley Accord

Address: 810 N. Alpine rd.

Policy Number: LL10012154 Coverage Limits: 1,000,000⁰⁰

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]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Pres
(TITLE OR POSITION)

11/12/24
(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

STATE OF IL _____)

COUNTY OF Winnebago _____) SS

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(TITLE OR POSITION)

(DATE SIGNED)

(DATE SIGNED)



SUBSCRIBED AND SWORN TO BEFORE ME

THIS 12 DAY OF November _____

[Redacted Signature]

NOTARY PUBLIC