VILLAGE of ROSCOE

10631 Main Street, P.O. Box 283, Roscoe IL 61073

Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: MD Amanur Rashid Khan

Licensee: US Petro Inc

Business Name (d/b/a): Luna Food Mart

Mailing Address: 5663 Blue Reef Place, Nokomis, FL 34275

Premise Address: 11607 Main St., Roscoe,,IL 61073

Email: aafarif@yahoo.com

Business Phone: [redacted] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 74899307 Date of Incorporation/Formation: OCTOBER 14, 2024

Is corporation in good standing with Illinois Secretary of State: ◉Yes ○No

If foreign corporation, date qualified to do business in Illinois: _____

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: Hadron Specialty Insurance Company, Nautilus Insurance Company & NorGUARD Insurance Company

Address: 1825 Lockeway Drive, #205 , Alpharetta, GA 30004

Policy Number: CSRM009988 Coverage Limits: $2,000,000

Anticipated Revenue

Attach a copy of your financial statement.

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 9 %

Food Sales: 11 %

General Merchandise (or other): 80 %

Net Terminal Income (gaming revenue): _____ %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

☐	**Class A**	**On & Off Premises Full Liquor**	**$4,000.00**
☐	**Class D**	**On Premise Only Beer & Wine**	**$2,500.00**
☐	**Class F**	**On Premise Only Full Liquor**	**$3,000.00**
☐	**Class G**	**Package Store Beer & Wine**	**$2,000.00**
☑	**Class C**	**Package Store Full Liquor**	**$3,000.00**
☐	**Class BL**	**Boutique Gaming Full Liquor**	**$6,000.00**
☐	**Class BP**	**Brew Pub Full Liquor**	**$2,500.00**
☐	**Class CT**	**Caterer Retailer Full Liquor**	**$ 500.00**
☐	**Application Fee** (new licenses and license class changes only)		**$ 500.00**

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General Information (applies to anyone listed in Section 2)
Attach a copy of the lease if applicable

Owner of Premises: R&B Express Mart, Inc.

Date applicant began liquor sales at this premise: TBD

Illinois Liquor License Number: _____

- ☐ YES ☑ NO Has applicant ever made application for a liquor license which was been denied?
- ☐ YES ☑ NO Has applicant ever had any previous liquor license suspended or revoked?
- ☐ YES ☑ NO Has applicant ever been convicted of a felony?
- ☐ YES ☑ NO Has applicant ever been convicted of a gambling offense?
- ☐ YES ☑ NO Do you possess a current federal wagering or gambling device stamp?
- ☐ YES ☑ NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

* If yes to any of the above, please explain on separate sheet.

SECTION 2: Owner & Officer Information

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more that 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: MD Amanur Rashid Khan
   Title: President Percent Ownership: 100
   Date of Birth: 09/01/1977 Driver's License # [redacted] State Issued: FL
2. Name: _____
   Title: _____ Percent Ownership: _____
   Date of Birth: _____ Driver's License # _____ State Issued: _____
3. Name: _____
   Title: _____ Percent Ownership: _____
   Date of Birth: _____ Driver's License # _____ State Issued: _____
4. Name: _____
   Title: _____ Percent Ownership: _____
   Date of Birth: _____ Driver's License # _____ State Issued: _____
5. Name: _____
   Title: _____ Percent Ownership: _____
   Date of Birth: _____ Driver's License # _____ State Issued: _____

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SECTION 3. Basset Certification

All new and renewal applications for liquor licenses must be accompanied with proof of completion of a State certified Beverage Alcohol Sellers & Servers Education and Training (BASSET) course for all owners & personnel working at the liquor establishment. This includes all persons who sell or serve alcoholic beverages including all management personnel working on the premises and anyone whose job description entails checking of identification for the purchase of alcoholic beverages pursuant to that license.

Please list all current employees who are required to possess a BASSET certification, the date the certification was issued and the expiration date.

A separate Employee Registration Form is required for all employees. Along with:

A copy of the employee's Basset certificate

A copy of the employee's photo identification

	Employee Name	Certification Date	Expiration Date
1	MD Amanur R Khan	06/12/2025	
2			
3			
4			
5			
6			
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9			
10			
11			
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13			
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15			
16			
17			

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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 OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

President

(TITLE OR POSITION)

(TITLE OR POSITION)

8/12/25

(DATE SIGNED)

(DATE SIGNED)

AFFIRM: Arif Khairuddin, CPA,CISA,FCA

(SECRETARY)

(DATE SIGNED)

STATE OF Florida)

COUNTY OF Broward) SS

NOTARY PUBLIC Expires 2/29/2028 Paola Serrano My Commission HH 460900 STATE OF FLORIDA

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 12 DAY OF Aug

[redacted]

NOTARY PUBLIC