2026 Liquor License

8 - Class C Package Store (Full Liquor)

CASEY'S RETAIL COMPANY dba CASEY'S GENERAL STORE #3536

HIGHLAND PARK CVS LLC dba CVS/PHARMACY #8524

US PETRO INC dba LUNA FOOD MART

GPM MIDWEST, LLC dba FAS MART #5224

KELLEY WILLIAMSON CO dba HONONEGAH MOBIL

KELLEY WILLIAMSON CO dba ROSCOE MOBIL

THORNTONS LLC dba THORNTONS #331

WALGREEN CO dba WALGREENS #6001

ROSCOE

10631 Main Street, P.O. Box 283, Roscoe IL 61073
Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@roscoeil.gov

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: CASEY'S LICENSING DEPARTMENT

Licensee: CASEY'S RETAIL COMPANY

Business Name (d/b/a): CASEY'S #3536

Mailing Address: CASEY'S RETAIL COMPANY, ONE SE CONVENIENCE BLVD., ANKENY, IA 50021

Premise Address: 5365 BRIDGE ST, ROSCOE, IL 61073

Email: [redacted]

Business Phone: (779) 288-8196 Other Phone: [redacted] Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 6352-352-6 Date of Incorporation/Formation: 04/14/2004

Is corporation in good standing with Illinois Secretary of State: (●) Yes ( ) No

If foreign corporation, date qualified to do business in Illinois: 04/29/2004

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: ACE AMERICAN INSURACNE COMPANY

Address: 436 WALNUT ST., PHILADELPHIA, PA 19106

Policy Number: XSL G47300927 Coverage Limits: $1,000,000

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: 17 %
Food Sales: 65 %
General Merchandise (or other): 29 %
Net Terminal Income (gaming revenue): 0 %

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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: _____

Licensee: Highland Park CVS LLC

Business Name (d/b/a): CVS Pharmacy # 8524

Mailing Address: One CVS Dr mc1160 Woonsocket RI 02895.

Premise Address: 4843 Blue Stem Rd, Roscoe IL 61073.

Email: [redacted]

Business Phone: 815-623-1696 Other Phone: [redacted] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: See Attached Date of Incorporation/Formation: 8-24-2001

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: See Attached.

Address: _____

Policy Number: _____ Coverage Limits: _____

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: less 1 %

Food Sales: less 1 %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): N/A %

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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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: [redacted]

Business Phone: 239-204-6140 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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: **Maria Gere, Director of Licensing**

Licensee: **GPM Midwest, LLC**

Business Name (d/b/a): **Fas Mart # 5224**

Mailing Address: **Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227**

Premise Address: **9095 N. 2nd St, Roscoe, IL 61073**

Email: [redacted]

Business Phone: **(815) 315-4345 (store)** Other Phone: **(804) 730 1568 (corp, x1176-licensing)** Fax: **N/A**

Corporate Information (if applicable)

Illinois Corporate Registration Number: **04964624** Date of Incorporation/Formation: **12/04/2014**

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

If foreign corporation, date qualified to do business in Illinois: **12/11/2014**

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: **ACE American Insurance Co**

Address: **436 Walnut St, Philadelphia, PA 19106**

Policy Number: **XSLG48931121** Coverage Limits: **$10,000,000 (Gen. Aggregate)**

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:	14 %
General Merchandise (or other):	77 %
Net Terminal Income (gaming revenue):	0 %

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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: JOHN C GRIFFIN

Licensee: KELLEY WILLIAMSON COMPANY

Business Name (d/b/a): HONONEGAH MOBIL

Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104

Premise Address: 5213 ELEVATOR RD, ROSCOE IL 61073

Email: [redacted]

Business Phone: 815-401-4629 Other Phone: _____ Fax: 815-401-4629

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1738-829-1 Date of Incorporation/Formation: 1924

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: COYLE-KILEY

Address: 810 N ALPINE RD, ROCKFORD IL 61107

Policy Number: 6W184894 Coverage Limits: 1,000,000

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: 11 %

Food Sales: 11 %

General Merchandise (or other): 78 %

Net Terminal Income (gaming revenue): 0 %

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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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: JOHN C GRIFFIN

Licensee: KELLEY WILLIAMSON COMPANY

Business Name (d/b/a): ROSCOE MOBIL

Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104

Premise Address: 9789 NORTH 2ND STREET, ROSCOE IL 61073

Email: [redacted]

Business Phone: 815-327-0067 Other Phone: _____ Fax: 815-327-0067

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1738-829-1 Date of Incorporation/Formation: 1924

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: COYLE-KILEY

Address: 810 N ALPINE RD, ROCKFORD IL 61107

Policy Number: 6W184894 Coverage Limits: 1,000,000

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: 12 %

Food Sales: 14 %

General Merchandise (or other): 74 %

Net Terminal Income (gaming revenue): 0 %

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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ROSCOE
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Paul Carley
Licensee: Thorntons LLC
Business Name (d/b/a): Thornton's #331
Mailing Address: 2600 James Thornton Way, Louisville, KY 40245
Premise Address: 13555 Willowbrook Rd, Roscoe, IL 61073
Email: [redacted]
Business Phone: 815-389-0467 Other Phone: 502-425-8022 Fax: none

Corporate Information (if applicable)
Illinois Corporate Registration Number: 0733810-4 Date of Incorporation/Formation: 10/29/1971
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: Marsh USA LLC
Address: 2929 Allen Parkway, Ste 2500, Houston, Tx 77019
Policy Number: MWZY-3116401-25 Coverage Limits: 5,000,000

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: 10 %
Food Sales: 23 %
General Merchandise (or other): 67 %
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**
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Angie S. Heslop

Licensee: Walgreen Co.

Business Name (d/b/a): Walgreens #06001

Mailing Address: P.O. Box 901, Deerfield, IL 60015

Premise Address: 5065 Hononegah Rd., Roscoe, IL 61073

Email: [redacted]

Business Phone: 815-623-5079 Other Phone: 847-527-4612 Fax: 847-368-6525

Corporate Information (if applicable)

Illinois Corporate Registration Number: 1084-348-1 Date of Incorporation/Formation: 2/15/1909

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: Zurich American Insurance Company

Address: Certificate attached

Policy Number: _____ Coverage Limits: _____

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: .07 %

Food Sales: 3 %

General Merchandise (or other): 96.93 %

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**
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