2026 Liquor License

6 - Class A On & Off Premises (Full Liquor)

FIESTA CANCUN AUTHENTIC MEXICAN RESTAURANT OF ROSCOE, INC. dba FIESTA CANCUN MEXICAN RESTAURANT

PENNY INC dba QUIK MART 5755

PENNY INC dba QUIK MART 5526

SCHNUCK MARKETS INC DBA SCHNUCKS MARKET

DORIS DESCHLER INC dba WHIFFLETREE BAR & GRILL

MARY'S MARKET ROSCOE LLC

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: ~~Fiesta Cancun~~ Jose M. Pacheco

Licensee: Rosalio Pacheco - Fiesta Cancun Roscoe

Business Name (d/b/a): Fiesta Cancun Roscoe

Mailing Address: 5077 Rockrose Court Roscoe, IL 611073

Premise Address: 5077 Rockrose Court Roscoe, IL 611073

Email: [redacted]

Business Phone: [redacted] Other Phone: N/A Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 101-0007-5-001 Date of Incorporation/Formation: February, 2008

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

If foreign corporation, date qualified to do business in Illinois: N/A

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: Society Insurance Company

Address: P.O. Box 1500 Janesville, WI 53547

Policy Number: ROP563594 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: 15 %

Food Sales: 85 %

General Merchandise (or other): 0 %

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.

[X]	**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

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Penny Lakhani

Licensee:

Business Name (d/b/a): Penny Inc D.B.A. Quick Mart

Mailing Address: 5755- Elevator Rd - Roscoe

Premise Address: 5755- Elevator Rd Roscoe

Email: [redacted]

Business Phone: 815- 623- 2131 Other Phone: [redacted] Fax: 815- 623- 2131

Corporate Information (if applicable) 67954424

Illinois Corporate Registration Number: 14530-59584 Date of Incorporation/Formation: May 2011

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: Citizens Ins. Co. of America

Address: 25, North West Point Blvd. Ste 625

Policy Number: OBCH 008741. 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: 70 % %

Food Sales: - %

General Merchandise (or other): 5 % %

Net Terminal Income (gaming revenue): 25 % %

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

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Penny Lakhani

Licensee: _____

Business Name (d/b/a): Penny Inc D.B.A. Quikmart

Mailing Address: _____

Premise Address: 5526 Elevator Rd Suite 5520, 5526-5524

Email: [redacted]

Business Phone: 815-623-2131 Other Phone: — Fax: 815-623-2131

Corporate Information (if applicable)

Illinois Corporate Registration Number: 14530-59584 Date of Incorporation/Formation: May 2011

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: Assured Partners of Il Llc.

Address: 75 Northwest Point Blvd #625 Elk Grove Village

Policy Number: 08EM408741 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: 70 % %

Food Sales: — %

General Merchandise (or other): 5 % %

Net Terminal Income (gaming revenue): 25 % %

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**

VILLAGE of ROSCOE

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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Jed E. Penney, Managing Officer

Licensee: Schnuck Markets, Inc

Business Name (d/b/a): Schnucks

Mailing Address: Schnuck Markets, Inc., ATTN: Beth Manis, Legal; 11420 Lackland Rd., St. Louis,MO 63146

Premise Address: 4860 Hononegah Road, Roscoe, IL 61073

Email: [redacted]

Business Phone: 314-994-9900 Other Phone: N/A Fax: N/A

Corporate Information (if applicable)

Illinois Corporate Registration Number: 5348-786-6 Date of Incorporation/Formation: 3/28/1957

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: Digital Insurance LLC formally Huntleigh McGehe

Address: 8235 Forsyth Blvd., Ste 1200, Clayton, MO 63105

Policy Number: HEEXGL1116L632TCT24 Coverage Limits: see attached copy

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:	10.69 %
Food Sales:	80.64 %
General Merchandise (or other):	8.42 %
Net Terminal Income (gaming revenue):	.25 %

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: Doris I. Deschler

Licensee: Doris I. Deschler

Business Name (d/b/a): Doris Deschler Inc DBA Whiffletree Bar + Grill

Mailing Address: 11347 Main Street Box 108 Roscoe, IL. 61073

Premise Address: 11347 Main Street Roscoe, IL. 61073

Email:

Business Phone: 815-623-8213 Other Phone: [redacted] Fax:

Corporate Information (if applicable) 54099223

Illinois Corporate Registration Number: D-5409-922-3 Date of Incorporation/Formation: 1-6-1986

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: Badger Mutual Ins. Co

Address: 1635 W. Nat'l. Ave, Milwaukee, WI 53204

Policy Number: 00 740-996 13 Coverage Limits: 1,000 000 / 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: 56 %
Food Sales: 23 %
General Merchandise (or other): %
Net Terminal Income (gaming revenue): 19 %

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**
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☐	**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

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Cherish Ruenger

Licensee: Mary's Market Roscoe

Business Name (d/b/a): Mary's Market Roscoe

Mailing Address: 4866 Bluestem Rd Roscoe, IL 61073

Premise Address: 4866 Bluestem Rd Roscoe, IL 61073

Email: [redacted]

Business Phone: 815.312.5778 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 4315-0381 Date of Incorporation/Formation: 2019

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: Nationwide Mutual Insurance

Address: One West Nationwide Blvd Columbus OH 43215-2220

Policy Number: ACP CG01 3211784960 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: 1 %

Food Sales: 99 %

General Merchandise (or other): _____ %

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**
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