2026 Liquor License

6 - Class F Full Liquor (On Premise Only)

RJR GAMING INC dba BENNY'S SLOTS WINE & SPIRITS

HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB

LOU'S TAP, INC dba LOUIE'S TAP HOUSE

RYBO VENTURES INC dba POISON IVY PUB

VFW POST #2955 dba VFW POST 2955

PIETRO'S OF ROSCOE LLC dba PIETRO'S PIZZERIA

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: Rory D. Colwell
Licensee: RJR Gaming Inc.
Business Name (d/b/a): Barry's Slots Wine Spirits
Mailing Address: 7544 Harlem Oak Lane Roscoe IL 61073
Premise Address: 5360 Williams Drive
Email: [redacted]
Business Phone: (815) 270-0685 Other Phone: [redacted] Fax: _____

Corporate Information (if applicable)
Illinois Corporate Registration Number: 84.3382971 Date of Incorporation/Formation: 10-11-19
Is corporation in good standing with Illinois Secretary of State: (X) 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: Scottsdale Ins. Co.
Address: 1150 Cranston Road Beloit, WI 53511
Policy Number: BP 3003837112 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: 54.2 %
Food Sales: 42.3 %
General Merchandise (or other): 2.6 %
Net Terminal Income (gaming revenue): .9 %

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: Michael Prosser

Licensee: Hoffman House of East Rockford

Business Name (d/b/a): Firehouse Pub

Mailing Address: P.O. Box 968

Premise Address: 10670 Main St.

Email: [redacted]

Business Phone: 815 623-8389 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 5056127 02815671 Date of Incorporation/Formation: 8/20/14

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: Tricor, LLC / West Bend Insurance

Address: 2600 N. Pontiac Dr Janesville WI 53545

Policy Number: 15350 Coverage Limits: 1,000,000.00

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: 32 %

Food Sales: 62 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 6 %

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

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Ryan Asty

Licensee: Louis Tap Inc

Business Name (d/b/a): Louie's Tap House

Mailing Address: 899 Palou Parkway, Rockford, IL 61108

Premise Address: 5689 Elevator Rd., Roscoe, IL 61073

Email: [redacted]

Business Phone: 815-270-1020 Other Phone: [redacted] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70253933 Date of Incorporation/Formation: 7/2/2015

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: Keystone Insurance Agency, Inc.

Address: 513 S. Phelps Ave., Rockford, IL 61108

Policy Number: 154604-0713697 | 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: 42.16 %

Food Sales: 49.54 %

General Merchandise (or other): .16 %

Net Terminal Income (gaming revenue): 8.14 %

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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☐	**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: Garry Raley, Jr. / Brian Folz

Licensee: RYBO Ventures, Inc.

Business Name (d/b/a): Poison Ivy Pub

Mailing Address: (Garry) 11805 Tar Heel Trail, Rockton, IL 61072 / (Brian) 6950 Michelle Dr., Roscoe, IL 61073

Premise Address: 5765 Elevator Rd., Roscoe, IL 61073

Email: [redacted]

Business Phone: 815-623-1480 Other Phone: [redacted] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 36-4444634 6116 30104 Date of Incorporation/Formation: 05/2001

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: Badger Mutual through Covenant Insurance Group, Inc

Address: 10772 Main St. Ste 2, PO Box917, Roscoe, IL 61073

Policy Number: 00770-57014 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: 35 %
Food Sales: 60 %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): 5 %

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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☐	**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

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: TERRY M. WALKER
Licensee: ROSCOE VFW POST 2955
Business Name (d/b/a): ROSCOE VFW POST 2955
Mailing Address: 11395 2nd St.
Premise Address: SAME AS ABOVE
Email: [redacted]
Business Phone: 815-623-1663 Other Phone: _____ Fax: _____

Corporate Information (if applicable)
Illinois Corporate Registration Number: 52695112 36-334-8230 Date of Incorporation/Formation: _____
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: US INSURANCE CO. OF AMERICA
Address: 3131 GREENHEAD DR, SPRINGFIELD, IL. 62711
Policy Number: 201L0000103BOP 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: 60 %
Food Sales: 4 %
General Merchandise (or other): 1 %
Net Terminal Income (gaming revenue): 35 %

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**
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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: Matthew Yaunke

Licensee: Pietros of Roscoe, LLC

Business Name (d/b/a): Pietro's Pizzeria

~~Mailing~~ Personal Address: 6825 Middle Rd South Beloit, IL 61080

Mailing Premise Address: 5724 Elevator Rd Roscoe, IL 61111

Email: [redacted]

Business Phone: 815-623-2112 Other Phone: [redacted]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 03865703 Date of Incorporation/Formation: 4/19/2012

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: Ace

Address: _____

Policy Number: D0247837 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: 5% %

Food Sales: 92% %

General Merchandise (or other): % %

Net Terminal Income (gaming revenue): 3% %

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**
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