

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

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): Benny's Slots Wine Spirits
Mailing Address: 7544 Harden Oak Lane Roscoe IL 61073
Premise Address: 5300 Williams Drive
Email: [REDACTED]
Business Phone: (815) 270-0005 Other Phone: [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 84-3382921 Date of Incorporation/Formation: 10-11-19
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: Setz Ins. Co.
Address: 1100 Cranston Road Beloit, WI 53511
Policy Number: BP 20033712 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): 2.0 %
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.

<input type="checkbox"/>	Class A	On & Off Premises Full Liquor	\$4,000.00
<input type="checkbox"/>	Class D	On Premise Only Beer & Wine	\$2,500.00
<input checked="" type="checkbox"/>	Class F	On Premise Only Full Liquor	\$3,000.00
<input type="checkbox"/>	Class G	Package Store Beer & Wine	\$2,000.00
<input type="checkbox"/>	Class C	Package Store Full Liquor	\$3,000.00
<input type="checkbox"/>	Class BL	Boutique Gaming Full Liquor	\$6,000.00
<input type="checkbox"/>	Class BP	Brew Pub Full Liquor	\$2,500.00
<input type="checkbox"/>	Class CT	Caterer Retailer Full Liquor	\$ 500.00
<input type="checkbox"/>	Application Fee		\$ 500.00

(new licenses and license class changes only)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

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: 505 631 27 Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 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): 0 %

License Information

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

<input type="checkbox"/>	Class A	On & Off Premises Full Liquor	\$4,000.00
<input type="checkbox"/>	Class D	On Premise Only Beer & Wine	\$2,500.00
<input checked="" type="checkbox"/>	Class F	On Premise Only Full Liquor	\$3,000.00
<input type="checkbox"/>	Class G	Package Store Beer & Wine	\$2,000.00
<input type="checkbox"/>	Class C	Package Store Full Liquor	\$3,000.00
<input type="checkbox"/>	Class BL	Boutique Gaming Full Liquor	\$6,000.00
<input type="checkbox"/>	Class BP	Brew Pub Full Liquor	\$2,500.00
<input type="checkbox"/>	Class CT	Caterer Retailer Full Liquor	\$ 500.00
<input type="checkbox"/>	Application Fee		\$ 500.00

(new licenses and license class changes only)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

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SECTION 1: Applicant Information

Primary Contact Person /Agent: Ryan Asst
Licensee: Louis Top Inc
Business Name (d/b/a): Louie's Top 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: 154604-07136971 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.

- | | | | |
|-------------------------------------|-----------------|-------------------------------|------------|
| <input type="checkbox"/> | Class A | On & Off Premises Full Liquor | \$4,000.00 |
| <input type="checkbox"/> | Class D | On Premise Only Beer & Wine | \$2,500.00 |
| <input checked="" type="checkbox"/> | Class F | On Premise Only Full Liquor | \$3,000.00 |
| <input type="checkbox"/> | Class G | Package Store Beer & Wine | \$2,000.00 |
| <input type="checkbox"/> | Class C | Package Store Full Liquor | \$3,000.00 |
| <input type="checkbox"/> | Class BL | Boutique Gaming Full Liquor | \$6,000.00 |
| <input type="checkbox"/> | Class BP | Brew Pub Full Liquor | \$2,500.00 |
| <input type="checkbox"/> | Class CT | Caterer Retailer Full Liquor | \$ 500.00 |
| <input type="checkbox"/> | Application Fee | | \$ 500.00 |
- (new licenses and license class changes only)

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 611430104 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 Box 917, 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.

<input type="checkbox"/>	Class A	On & Off Premises Full Liquor	\$4,000.00
<input type="checkbox"/>	Class D	On Premise Only Beer & Wine	\$2,500.00
<input checked="" type="checkbox"/>	Class F	On Premise Only Full Liquor	\$3,000.00
<input type="checkbox"/>	Class G	Package Store Beer & Wine	\$2,000.00
<input type="checkbox"/>	Class C	Package Store Full Liquor	\$3,000.00
<input type="checkbox"/>	Class BL	Boutique Gaming Full Liquor	\$6,000.00
<input type="checkbox"/>	Class BP	Brew Pub Full Liquor	\$2,500.00
<input type="checkbox"/>	Class CT	Caterer Retailer Full Liquor	\$ 500.00
<input type="checkbox"/>	Application Fee		\$ 500.00
(new licenses and license class changes only)			



VILLAGE of
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: 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: 815-623-7663 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 5269512
36-334-8730 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: 201L0000103BUP 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.

<input type="checkbox"/>	Class A	On & Off Premises Full Liquor	\$4,000.00
<input type="checkbox"/>	Class D	On Premise Only Beer & Wine	\$2,500.00
<input checked="" type="checkbox"/>	Class F	On Premise Only Full Liquor	\$3,000.00
<input type="checkbox"/>	Class G	Package Store Beer & Wine	\$2,000.00
<input type="checkbox"/>	Class C	Package Store Full Liquor	\$3,000.00
<input type="checkbox"/>	Class BL	Boutique Gaming Full Liquor	\$6,000.00
<input type="checkbox"/>	Class BP	Brew Pub Full Liquor	\$2,500.00
<input type="checkbox"/>	Class CT	Caterer Retailer Full Liquor	\$ 500.00
<input type="checkbox"/>	Application Fee		\$ 500.00

(new licenses and license class changes only)

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Matthew Younke

Licensee: Pietros of Roscoe, LLC

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

Mailing Address: 6825 middle Rd South Beloit, IL 61086

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: DO 2478337 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.

<input type="checkbox"/>	Class A	On & Off Premises Full Liquor	\$4,000.00
<input type="checkbox"/>	Class D	On Premise Only Beer & Wine	\$2,500.00
<input checked="" type="checkbox"/>	Class F	On Premise Only Full Liquor	<u>\$3,000.00</u>
<input type="checkbox"/>	Class G	Package Store Beer & Wine	\$2,000.00
<input type="checkbox"/>	Class C	Package Store Full Liquor	\$3,000.00
<input type="checkbox"/>	Class BL	Boutique Gaming Full Liquor	\$6,000.00
<input type="checkbox"/>	Class BP	Brew Pub Full Liquor	\$2,500.00
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(new licenses and license class changes only)