

2026 Liquor License

11 - Class BL Boutique Gaming

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 6

ANNAS CAFE LLC – ROSCOE dba ANNA'S LUCKY 777 UNIT 4

MILLION MILE LLC dba CECE'S LUCKY SLOTS

DANDY'S INC dba DANDY'S SLOTS

EMPIRE SLOTS ROSCOE LLC dba ROYALTY SLOTS

JACKPOT JOE'S LLC dba JACKPOT JOE'S

ADRI'S GAMING BOUTIQUE, INC dba LUCKY HORSESHOE

SUZZIE, LLC dba MAMA SUE'S DELI & SLOTS

NEXT STOP ENTERPRISES LLC dba NEXT STOP GAMING

PIPITONE INC dba SLOTS OF FORTUNE

A G P 18 INCORPORATED dba SLOTS OF FORTUNE



RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§ 114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information

Primary Contact Person /Agent: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

Business Name (d/b/a): Anna's Lucky 777

Mailing Address: 707 Osterman Ave Unit 1546 Deerfield, IL 60015

Premise Address: 5257 Swanson Rd Unit 6, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-654-7568 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024 Date of Incorporation/Formation: 07/01/2014

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: Society Insurance

Address: 150 Camelot Dr, Fond du Lac, WI 54936

Policy Number: BP10027820 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: 10 %
 Food Sales: 10 %
 General Merchandise (or other): _____ %
 Net Terminal Income (gaming revenue): 80 %

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 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 checked="" 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: Anthony Donato

Licensee: Anna's Cafe LLC - Roscoe

Business Name (d/b/a): Anna's Lucky 777

Mailing Address: 707 Osterman Ave Unit 1546 Deerfield, IL 60015

Premise Address: 5257 Swanson Rd Unit 4, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-654-7568 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 04876024 Date of Incorporation/Formation: 07/01/2014

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: Society Insurance

Address: 150 Camelot Dr, Fond du Lac, WI 54936

Policy Number: BP10027820 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:	<u>10</u>	<u>%</u>
Food Sales:	<u>10</u>	<u>%</u>
General Merchandise (or other):	_____	<u>%</u>
Net Terminal Income (gaming revenue):	<u>80</u>	<u>%</u>

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 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 checked="" 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: Colton Lane
 Licensee: Million Mile LLC
 Business Name (d/b/a): Cele's Lucky Slots
 Mailing Address: 11907 Main Street Suite 2
 Premise Address: 11907 Main Street
 Email: [REDACTED]
 Business Phone: 815-270-0093 Other Phone: [REDACTED] Fax: _____

Corporate Information (if applicable) 6395139
 Illinois Corporate Registration Number: ~~4275-9390~~ Date of Incorporation/Formation: 12-22-15
 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: Society Insurance ~ Mosher & Associates
 Address: 127 W. 8th St. Monroe, WI 53566
 Policy Number: BP23012562 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: 20 %
 Food Sales: 0 %
 General Merchandise (or other): 0 %
 Net Terminal Income (gaming revenue): 80 %

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 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 checked="" 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: Peter P. Gwizdala
Licensee: Peter P. Gwizdala
Business Name (d/b/a): Dandys Slots
Mailing Address: 5066 Rockrose Ct.
Premise Address: 5066 Rockrose Ct.
Email: [REDACTED]
Business Phone: 815-270-0791 Other Phone: [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 72364247
37-1947955 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: Coyle-Kiley Insurance Agency, Inc
Address: 810 N. Alpine Rd, Rockford, IL 61107-3673
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: 10 %
Food Sales: _____ %
General Merchandise (or other): _____ %
Net Terminal Income (gaming revenue): 90 %

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 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 checked="" 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 Capriola li

Licensee: Empire Slots Roscoe

Business Name (d/b/a): Empire Slots Roscoe

Mailing Address: 4972 Hononegah Rd

Premise Address: 4972 Hononegah Rd

Email: [REDACTED]

Business Phone: 8159789724 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 9945709 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: Broadmoor Agency Inc

Address: 3923 East State St

Policy Number: US-2025-118 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: 10 %

Food Sales: 0 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 90 %

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 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 checked="" 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: Thomas Santopolo

Licensee: JACKPOT JOES LLC

Business Name (d/b/a): Jackpot Joes

Mailing Address: 5059 Edgemere Ct. Roscoe, IL 61073

Premise Address: 5059 Edgemere Ct. Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-270-0729 Other Phone [REDACTED] Fax: N/A

Corporate Information (if applicable) 0340777
Illinois Corporate Registration Number: 27-9001019 Date of Incorporation/Formation: 2017
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: Accord/Reese Insurance Agency

Address: 420 Financial #102 Rockford, IL 61107

Policy Number: 0076939257 Coverage Limits: 1,000,000.00 SEE Attached

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: 45 %

Food Sales: _____ %

General Merchandise (or other): _____ %

Net Terminal Income (gaming revenue): 55 %

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 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 checked="" 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: DIANA L KITE
Licensee: ADRI'S GAMING BOUTIQUE DBA LUCKY HORSESHOE SLOTS
Business Name (d/b/a): ADRI'S GAMING BOUTIQUE DBA LUCKY HORSESHOE SLOTS
Mailing Address: 4424 PRANCIE RD ROSCOE, IL 61102
Premise Address: 5441 BRIDGE ST UNIT A ROSCOE, IL 61073
Email: [REDACTED]
Business Phone: 815-222-6762 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70985284 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: ECKBURG INSURANCE GROUP, INC.
Address: P.O. BOX 15490 LOVES PARK, IL 61132
Policy Number: LL102153 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: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 99 %

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 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 checked="" 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: Ezio Marino

Licensee: Suzzie, LLC

Business Name (d/b/a): Mama Sue's Deli & Slots

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5428 Williams Dr. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-1380 Other Phone: [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 07002017 Date of Incorporation/Formation: 5/30/18

Is corporation in good standing with Illinois Secretary of State: 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: Illinois Casualty Company

Address: 323 Main St. Pecatonica IL 61063

Policy Number: LL 105108 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: 3.1 %

Food Sales: 0.1 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 96.8 %

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 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 checked="" 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: Ezio Marino

Licensee: Next Stop Enterprises LLC

Business Name (d/b/a): Next Stop Gaming

Mailing Address: 7390 Winding Way Roscoe IL 61073

Premise Address: 5215 Elevator Rd. Roscoe IL 61073

Email: [REDACTED]

Business Phone: 815-270-0760

Other Phone: [REDACTED]

Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 05543428

Date of Incorporation/Formation: 12/15/15

Is corporation in good standing with Illinois Secretary of State: 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: Illinois Casualty Company

Address: 403 S Prairie St., Bethalto IL 62010-0205

Policy Number: LL104161

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: 4.1 %

Food Sales: 0 %

General Merchandise (or other): 0 %

Net Terminal Income (gaming revenue): 95.9 %

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 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 checked="" 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: Antonino Pipitone
Licensee: Pipitone Inc.
Business Name (d/b/a): Slots of Fortune
Mailing Address: PO Box 66 Rockton, IL 61072
Premise Address: 4763 Bluestem Rd Roscoe, IL 61073
Email: [REDACTED]
Business Phone: 815-543-9801 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 6921-000-7 Date of Incorporation/Formation: 1-07-2014
Is corporation in good standing with Illinois Secretary of State: 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 (Macktail Insurance Agency)
Address: 301 E. Main St Suite 1 Rockton, IL 61072
Policy Number: BP15032622 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: 85 %
Food Sales: 0 %
General Merchandise (or other): 0 %
Net Terminal Income (gaming revenue): 65 %

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 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 checked="" 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)



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: Jessica Pipitone
 Licensee: AGP 18 Trc.
 Business Name (d/b/a): Slots of Fortune
 Mailing Address: P O Box 66 Rockton, IL 61072
 Premise Address: 4767 Bluestem Rd Roscoe
 Email: [REDACTED]
 Business Phone: 815-543-8801 Other Phone [REDACTED] Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 70278413 Date of Incorporation/Formation: 08/04/2015
 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: Society Insurance Company (Macktown Insurance Agency)
 Address: 301 E. Main St Suite 1 Rockton, IL 61072
 Policy Number: BP15032622 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: 35 %
 Food Sales: 0 %
 General Merchandise (or other): 0 %
 Net Terminal Income (gaming revenue): 65 %

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 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 checked="" 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)			