

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

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: 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:	<u>15</u>	%
Food Sales:	<u>8.5</u>	%
General Merchandise (or other):	<u>0</u>	%
Net Terminal Income (gaming revenue):	<u>0</u>	%

License Information

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

<input checked="" 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 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: Penny Lekhani
Licensee: _____
Business Name (d/b/a): Penny Inc D.B.A. Dark Meat
Mailing Address: 5755 ELEVATOR RD - ROSCOE
Premise Address: 5755 ELEVATOR RD ROSCOE
Email: _____
Business Phone: 815-623-2131 Other Phone: _____ Fax: 815-623-2131

Corporate Information (if applicable) 6795424
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: 03614408741 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.

<input checked="" 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 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: Penny Lakhani
 Licensee: _____
 Business Name (d/b/a): Penny Inc D.B.A. Quik Mart
 Mailing Address: _____
 Premise Address: 5526 Elevator Rd Site 5520, 5526-5524
 Email: _____
 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: 95 NORTHWEST Point Blvd #625 Elk Grove Village
 Policy Number: 0824402741 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.

<input checked="" 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 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)



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 Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@roscoeil.gov

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

License Information

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

<input checked="" 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 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: Doris I. Deschler
Licensee: Doris I. Deschler
Business Name (d/b/a): Doris Deschler Inc DBA Whiffle tree Bar + Grill
Mailing Address: 113 47 Main Street Box 108 Roscoe, IL, 61073
Premise Address: 113 47 Main Street Roscoe, IL, 61073
Email: _____
Business Phone: 815-623-8213 Other Phone: _____ 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. Natl. Ave, Milwaukee, WI 53204
Policy Number: 00 740-996 131 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.

<input checked="" 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 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)



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.

<input checked="" 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 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)			