



10631 Main Street, P.O. Box 283, Roscoe IL 61073  
 Phone) 815-623-2829 Fax) 815-623-1360 Email) [frontdesk@villageofroscoe.com](mailto:frontdesk@villageofroscoe.com)

**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

§114 of Village of Roscoe Code of Ordinances

**SECTION 1: Applicant Information**

Applicant: Hoffman House of East Rockford  
 Business Name (d/b/a): Firehouse Pub  
 Primary Contact Person /Agent: Michael Prosser  
 Mailing Address: PO Box 968 Roscoe IL 61073  
 Premise Address: 10670 Main St  
 Email: Rockfordhoffmanhouse@gmail.com  
 Business Phone: 815623 8389 Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: 50563127 Date of Incorporation/Formation: 8/20/74  
 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: West Bend / Arthur Gallagher Risk Mgmt.  
 Address: 6838 E State St. Rockford IL 61106  
 Policy Number: 15350 Coverage Limits: \_\_\_\_\_

**Anticipated Revenue**

Indicate anticipated percentage of total annual revenue from each of the following categories Percentages must total 100%

Alcohol Sales: 50 %  
 Food Sales: 50 %  
 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 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 checked="" type="checkbox"/>	Class CT	Caterer Retailer Full Liquor	\$ 500.00
<input checked="" type="checkbox"/>	Application Fee (new licenses and license class changes only)		\$ 500.00



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**General Information** (applies to anyone listed in Section 2).

Owner of Premises: Propel Attach a copy of the lease if applicable

Date applicant began liquor sales at this premise: \_\_\_\_\_

Illinois Liquor License Number: 1A0067652

- YES  NO Has applicant ever made application for a liquor license which was been denied?
- YES  NO Has applicant ever had any previous liquor license suspended or revoked?
- YES  NO Has applicant ever been convicted of a felony?
- YES  NO Has applicant ever been convicted of a gambling offense?
- YES  NO Do you possess a current federal wagering or gambling device stamp?
- YES  NO Are you, or is any other person, directly or indirectly in your place of business, a public official?

\* If yes to any of the above, please explain on separate sheet.

**SECTION 2: Owner & Officer Information**

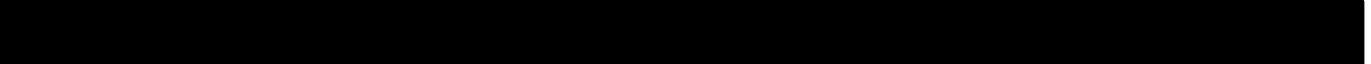
For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: Robert Prosser  
Title: Owner Percent Ownership: 100%



2. Name: Michael Prosser  
Title: Secretary Percent Ownership: \_\_\_\_\_



3. Name: Rich Johnson  
Title: VP Percent Ownership: \_\_\_\_\_



4. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

6. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_



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**AFFIDAVIT**

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF ROSCOE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE of ROSCOE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF.

I further swear or affirm that I have read and understand the Village of Roscoe Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Roscoe, including the revenue requirements for the requested liquor license classification and agree to abide by such laws and regulations.

[Redacted Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Owner  
(TITLE OR POSITION)

10/30/24  
(DATE SIGNED)

AFFIRM: [Redacted]  
(SECRETARY)

[Redacted Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

Secretary  
(TITLE OR POSITION)

10/30/24  
(DATE SIGNED)

10/30/24  
(DATE SIGNED)

STATE OF Illinois )

COUNTY OF Winnebago ) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 30 DAY OF October

[Redacted Notary Signature]

NOTARY PUBLIC

