

## 2025 Liquor License

2 - Class CT Caterer Retailer (Full Liquor)

PERFECTLY SEASONED LLC dba PERFECTLY SEASONED  
HOFFMAN HOUSE OF EAST ROCKFORD INC dba FIREHOUSE PUB



10631 Main Street, P.O. Box 283, Roscoe IL 61073  
Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

§114 of Village of Roscoe Code of Ordinances

**SECTION 1: Applicant Information**

Primary Contact Person /Agent: Erin U. Bedows  
Licensee: Perfectly Seasoned, LLC  
Business Name (d/b/a): \_\_\_\_\_  
Mailing Address: 11013 Main Street Roscoe, IL 61073  
Premise Address: same  
Email: \_\_\_\_\_  
Business Phone: 815-242-7744 Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: 07121814 Date of Incorporation/Formation: 10/30/2018  
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: Hartford Underwriters Insurance Company  
Address: 690 Asylum Ave Hartford CT 06116  
Policy Number: \_\_\_\_\_ Coverage Limits: \$1 million / \$2 million

**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: 5.1 %  
Food Sales: 107.87 %  
General Merchandise (or other): 27.03 %  
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 type="checkbox"/>            | Application Fee |                               | \$ 500.00  |
- (new licenses and license class changes only)



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**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

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**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: [REDACTED]  
Business Phone: 815623 8389 Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: 5563127 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 Mgt.  
Address: 6838 E State St. Rockford IL 61006  
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.

- |                                     |  |                               |            |
|-------------------------------------|--|-------------------------------|------------|
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| <input checked="" type="checkbox"/> | Class CT   | Caterer Retailer Full Liquor  | \$ 500.00  |
| <input checked="" type="checkbox"/> | Application Fee<br>(new licenses and license class changes only) |                               | \$ 500.00  |