

2025 Liquor License

7 - 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

WHISKEY HOTEL BARBECUE LLC dba WHISKEY HOTEL BARBECUE



VILLAGE of ROSCOE

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: RORY D. COLWELL

Licensee: RTR GAMING INC.

Business Name (d/b/a): BENNY'S SHOTS WINE SPIRITS

Mailing Address: 7544 HIDDEN CREEK LAKE ROSCOE, IL 61073

Premise Address: 5300 WILLIAMS DR. SUITE 10 N.E 5328 ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 815-270-0665 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable) 72496264

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: [REDACTED]

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: SEITZ INSURANCE CO.

Address: 1100 CRAWFORD 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: 56.9 %

Food Sales: 2.6 %

General Merchandise (or other): 0.9 %

Net Terminal Income (gaming revenue): 39.6 %

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) | | |



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SECTION 1: Applicant Information

Primary Contact Person / Agent: Michael Prosser
 Licensee: Hoffman House of East Rockford
 Business Name (d/b/a): Fire House Pub
 Mailing Address: P.O. Box 968
 Premise Address: 10670 Main St
 Email: [REDACTED]
 Business Phone: 815 623-8389 Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: _____ 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 Mngt.
 Address: 6837 E State St. Rockford IL 61108
 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): 6 %

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)



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SECTION 1: Applicant Information

Primary Contact Person /Agent: Ryan Asja
Licensee: Louis Tap Inc.
Business Name (d/b/a): Louis Tap House
Mailing Address: 899 Palau Pkwy, Rockford, IL. 61108
Premise Address: 5689 Elevator Rd. Roscoe, IL. 61073
Email: [REDACTED]
Business Phone: 815-270-1020 Other Phone: [REDACTED] Fax: [REDACTED]

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: [REDACTED]

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: \$1,000,000.00

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: 41.85 %
Food Sales: 52.31 %
General Merchandise (or other): 4.97 %
Net Terminal Income (gaming revenue): 5.64 %

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 |
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SECTION 1: Applicant Information

Primary Contact Person /Agent: Steve Quies
Licensee: Rybo Ventures Inc.
Business Name (d/b/a): Poison Ivy Pub
Mailing Address: 5765 Elevator rd Roscoe IL 61073
Premise Address: 5765 Elevator rd Roscoe IL 61073
Email: [REDACTED]
Business Phone: 8156231480 Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 61163104
34666634 Date of Incorporation/Formation: 02/01
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No
If foreign corporation, date qualified to do business in Illinois: [REDACTED]

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
Address: 810 N. Alpine rd
Policy Number: LL10012154 Coverage Limits: 1,000,000⁰⁰

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: 40 %
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 |
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SECTION 1: Applicant Information

Primary Contact Person /Agent: MAURICE J. BUFFO
 Licensee: ROSCOE VFW POST 2955
 Business Name (d/b/a): ROSCOE VFW POST 2955
 Mailing Address: 11385 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: 36-334-8230 Date of Incorporation/Formation: 1-1-1944
 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: 201L0000103BOP 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 |
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SECTION 1: Applicant Information

Primary Contact Person /Agent: Matthew B. Yavunke
 Licensee: Pietros of Roscoe, LLC
 Business Name (d/b/a): Pietros Pizzeria
 Mailing Address: 5724 elevator Rd Roscoe IL 61073
 Premise Address: 5724 elevator Rd Roscoe IL 61073
 Email: [REDACTED]
 Business Phone: [REDACTED] Other Phone: _____ Fax: _____

Corporate Information (if applicable)

Illinois Corporate Registration Number: 03865703 Date of Incorporation/Formation: 04-19-2012
 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: _____
 Address: _____
 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: 65 %
 General Merchandise (or other): 5 %
 Net Terminal Income (gaming revenue): 20 %

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 |
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RETAIL LIQUOR DEALER'S LICENSE APPLICATION
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SECTION 1: Applicant Information

Primary Contact Person /Agent: William L Hendrickson

Licensee: Whiskey Hotel Barbecue LLC

Business Name (d/b/a): Whiskey Hotel Barbecue

Mailing Address: 13954 Dorr Rd. South Beloit IL 61080

Premise Address: 5522 Elevator Rd. Roscoe IL 61073

Email: [REDACTED]

Business Phone: [REDACTED] Other Phone: [REDACTED] Fax: [REDACTED]

Corporate Information (if applicable)

Illinois Corporate Registration Number: 11822703 Date of Incorporation/Formation: 05/16/2022

Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No

If foreign corporation, date qualified to do business in Illinois: [REDACTED]

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: Gary J Bach Agency - Erie Insurance Company

Address: 100 Erie Insurance Place Erie, PA 16530

Policy Number: Q61 0436183 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>14</u>	%
Food Sales:	<u>84</u>	%
General Merchandise (or other):	<u>2</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 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 |
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- (new licenses and license class changes only)