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



Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION	1:	App.	licant	Infor	mation

Primary Contact Person / Agent: RORY D. COLLECTOR				
Licensee: RTR CAMMIC TIC.				
Business Name (d/b/a): BELLY'S Shots which Stricts				
Mailing Address: 7544	HiDDE	CREEK LAVE ROSCOE	=, IL 61073	
Premise Address: 5300	WILLIAM	15 DR. Duit 10 PTE 532	5 ROSCUE, I GLOTS	
Email:				
Business Phone: 815 · 27	0.0663	Other Phone:	Fax:	
	with Illinois	Secretary of State: Yes \(\text{No}\)	ration/Formation: (O · 1 (· 19	
Dram Shop Coverage Attach a copy of the policy dec List dram insurance coverage i alcoholic liquor will be sold for	ncluding nan	ne and address of insurance company for	the licensee and premises for which the	
Insurance Company Name:	SEITZ	IOSURAUCE CO.		
Address: 1100 cizau	57041 7	ROAD BELOIT, WIS	35 <i>U</i>	
Policy Number: 37 200	3371	2 Coverage Limits:	1,000,000	
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: SU. 9 % %				
License Information				
Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.				
	Class A	On & Off Premises Full Liquor	\$4,000.00	
	Class D	On Premise Only Beer & Wine	\$2,500.00	
×	Class F	On Premise Only Full Liquor	\$3,000.00	
	Class G	Package Store Beer & Wine	\$2,000.00	
	Class C	Package Store Full Liquor	\$3,000.00	
	Class BL	Boutique Gaming Full Liquor	\$6,000.00	
	Class BP	Brew Pub Full Liquor	\$2,500.00	
	Class CT	Caterer Retailer Full Liquor	\$ 500.00	
	Application (new	Fee licenses and license class changes only	\$ 500.00)	



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

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION 1: Applicant Info	ormation	2			
Primary Contact Person / Agent: Michael Prosser					
Licensee: Hoftman House of East Rockford					
Business Name (d/b/a):	Fire	House Pub			
Mailing Address: P. C.					
Premise Address: /06	70	Main St			
Email:					
Business Phone: 815 62	3-8389	Other Phone:	Fax:		
Is corporation in good standing	n Number: g with Illinois	Date of Incorporate Secretary of State:	,		
List dram insurance 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 for the duration of the license. Address: 6837 & State St. Rock for J. J. 6108 Policy Number: 15350 Coverage Limits: 1,000,000.000.000				
Policy Number: 15 35	50	Coverage Limits:	1.000 000.00		
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: Food Sales: General Merchandise (or other): Wet Terminal Income (gaming revenue): Wet Terminal Income (gaming revenue): Wet Terminal Inco					
License Information					
Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.					
		On & Off Premises Full Liquor	\$4,000.00		
		On Premise Only Beer & Wine	\$2,500.00		
\	Class F Class G	On Premise Only Full Liquor Package Store Beer & Wine	\$3,000.00 \$2,000.00		
	Class C	Package Store Full Liquor	\$3,000.00		
	Class BL	Boutique Gaming Full Liquor	\$6,000.00		
	Class BP	Brew Pub Full Liquor	\$2,500.00		
	Class CT	Caterer Retailer Full Liquor	\$ 500.00		
	Application	•	\$ 500.00		



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION §114 of Village of Roscoe Code of Ordinances

SECTION 1: Applicant Information				
Primary Contact Person /Agent:	: <i>R</i>	yan ASA9		
Licensee: Lous	Tap	Tnc.		
· /	rijes	Tap House		
Mailing Address: 899 Pa	ylau 1	PKWY, ROCKford,	IL. 61108	
Premise Address: 5689	Eleval	er Rd. Rescol	IL. 61073	
Email:			¥	
Business Phone: 815-270	-1020	Other Phone:	Fax:	
Corporate Information (if appl Illinois Corporate Registration N Is corporation in good standing v If foreign corporation, date quality	Number: 7	Secretary of State: OYes ONo	ration/Formation: 1/2/20(5	
alcoholic liquor will be sold for	cluding namer the duration	te and address of insurance company for a of the license.	2	
Insurance Company Name:	ceysto.	Ave. Rockfood, I	yearcy, Inc.	
Address: 5/3 5- Pl	lelps,	Ave. Rockfood, I		
Policy Number: 154604-	-07139	69 ? Coverage Limits:	,000,000.00	
Anticipated Revenue Attach a copy of your financial s Indicate anticipated percentage o Alcohol Sales: Food Sales: General Merchandise (or other): Net Terminal Income (gaming re	of total annua	al revenue from each of the following cate 1.35 % 52.31 % 1.01 % 5.64 %	egories Percentages must total 100%	
License Information				
Check one box. If license class s	selected is di	fferent than previous year a five-hundred	d-dollar application fee is required.	
	Class A	On & Off Premises Full Liquor	\$4,000.00	
	Class D	On Premise Only Beer & Wine	\$2,500.00	
\boxtimes (Class F	On Premise Only Full Liquor	\$3,000.00	
	Class G	Package Store Beer & Wine	\$2,000.00	
	Class C	Package Store Full Liquor	\$3,000.00	
	Class BL	Boutique Gaming Full Liquor	\$6,000.00	
	Class BP	Brew Pub Full Liquor	\$2,500.00	
	Class CT	Caterer Retailer Full Liquor	\$ 500.00	
□ A	Application (new l	Fee icenses and license class changes only)	\$ 500.00	



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

§114 of Village of Roscoe Code of Ordinances

y 11 v of v mage of reduced code of oranianees
SECTION 1: Applicant Information
Primary Contact Person / Agent: Steve Quies
Licensee: RyBd Ventures Inc.
Business Name (d/b/a): Poison Tuy Pub
Mailing Address: 5765 Elevator vd Roscoe IL 6073
Premise Address: 5765 Elevator rd Roscoe IL 6073
Email: _
Business Phone: 815623 1480 Other Phone:
Corporate Information (if applicable) Illinois Corporate Registration Number: 3466634 Is corporation in good standing with Illinois Secretary of State: As Yes \(\Boxed{\text{No}}\) 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
Address: 810 N. Alpine rd
Policy Number: LL 100 2154 Coverage Limits: 1,000,000 °
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: Food Sales: General Merchandise (or other): Net Terminal Income (gaming revenue): 9 **Temporate Revenue** %** **Provided Revenue** %** **Provided Revenue** %** **Provided Revenue** %** **Provided Revenue** **Provided Revenu
<u>License Information</u>
Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.
☐ Class A On & Off Premises Full Liquor \$4,000.00
☐ Class D On Premise Only Beer & Wine \$2,500.00
Class F On Premise Only Full Liquor \$3,000.00

Package Store Beer & Wine

Boutique Gaming Full Liquor

Caterer Retailer Full Liquor

(new licenses and license class changes only)

Package Store Full Liquor

Brew Pub Full Liquor

\$2,000.00

\$3,000.00

\$6,000.00

\$2,500.00

\$ 500.00

\$ 500.00

☐ Class G

☐ Class C

☐ Class BL

□ Class BP□ Class CT

☐ Application Fee



SECTION 1: Applicant Information

Phone) 815-623-2829 Fax) 815-623-1360 Email) jreidinger@villageofroscoe.com

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

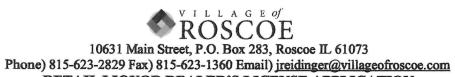
Primary Contact Person /Agent	t: <u> </u>	IRICE 1. BULLO	
Licensee: Ros	Total Contract Contra	VFW POST 2955	
Business Name (d/b/a):	Cosco	E VFW POST 29	155
Mailing Address:	185	2ND ST.	
Premise Address:	5 AME	= AS ABOVE	
Email:			
Business Phone: 815-62	3-7663	Other Phone:	Fax:
Corporate Information (if app	Number: <u>36</u> With Illinois	6-334-8230 Date of Incorpo Secretary of State: XYes □ No	
Dram Shop Coverage			
alcoholic liquor will be sold for	ncluding namer the duration	ne and address of insurance company for n of the license.	
		URANCE CO. OF AME	
Address: 3/3/ GK E1	ENHE	AD DR. SPRINGFIE	LD, LL 62711
Policy Number: 20110c	20010.	3BOP Coverage Limits:	2, <i>000,</i> 0 <i>0</i> 0
Anticipated Revenue Attach a copy of your financial so Indicate anticipated percentage of Alcohol Sales: Food Sales: General Merchandise (or other): Net Terminal Income (gaming re	of total annua	al revenue from each of the following cat 60 %	egories Percentages must total 100%
License Information			
Check one box. If license class s	selected is di	ifferent than previous year a five-hundred	d-dollar application fee is required.
	Class A	On & Off Premises Full Liquor	\$4,000.00
	Class D	On Premise Only Beer & Wine	\$2,500.00
,		On Premise Only Full Liquor	\$3,000.00
		Package Store Beer & Wine	\$2,000.00
		Package Store Full Liquor	\$3,000.00
		Boutique Gaming Full Liquor	\$6,000.00
		Brew Pub Full Liquor	\$2,500.00
	Class CT	Caterer Retailer Full Liquor	\$ 500.00
	Application (new l	Fee licenses and license class changes only)	\$ 500.00



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION 1: Applicant In	<u>iformation</u>		
Primary Contact Person /Ag	gent: MH	thew 13. Yaunke	
Licensee: Pietro5	OF	ROSCOE, UC	
Business Name (d/b/a):	PietRo	is pizzeRia	
Mailing Address: 512	4 elev	lator Rd Rosci	DE 12 6/073
Premise Address: 5124	y elev	lator Rd Rose	ce 16 61073
Email:			
Business Phone:		Other Phone:	Fax:
Corporate Information (if a Illinois Corporate Registration Is corporation in good standard If foreign corporation, date of	on Number: <i>O</i> ing with Illinoi		
Dram Shop Coverage Attach a copy of the policy of List dram insurance coverage alcoholic liquor will be solo	ge including na	ame and address of insurance compar	ny for the licensee and premises for which the
Insurance Company Name: _			
Address:			
Policy Number:		Coverage Limits:	:
Anticipated Revenue Attach a copy of your finance Indicate anticipated percenta Alcohol Sales: Food Sales: General Merchandise (or othe Net Terminal Income (gamin	nge of total ann — — ner):		ing categories Percentages must total 100%
License Information			
Check one box. If license cla	ass selected is	different than previous year a five-h	undred-dollar application fee is required.
	□ Class A	On & Off Premises Full Liquor	\$4,000.00
	□ Class D	On Premise Only Beer & Wine	\$2,500.00
1	Class F	On Premise Only Full Liquor	\$3,000.00
Ì	□ Class G	Package Store Beer & Wine	\$2,000.00
1	☐ Class C	Package Store Full Liquor	\$3,000.00
1	□ Class BL	Boutique Gaming Full Liquor	\$6,000.00
]	□ Class BP	Brew Pub Full Liquor	\$2,500.00
[☐ Class CT	Caterer Retailer Full Liquor	\$ 500.00
ן	□ Applicatio (new	on Fee w licenses and license class changes	\$ 500.00 s only)



RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION 1: Applicant	Information			
Primary Contact Person /	Agent: William L He	endrickson		
Licensee: Whiskey Hotel Ba	rbecue LLC			
Business Name (d/b/a): W	hiskey Hotel Barbecu	le		
Mailing Address: 13954 D				
Premise Address: 5522 Ele				
Email:				
Business Phone:		Other Phone:		Fax:
Corporate Information (Illinois Corporate Registra Is corporation in good star If foreign corporation, dat	ntion Number: 118 ading with Illinois	Secretary of State:	Date of Incorpora OYes ONo	ation/Formation: 05/16/2022
Dram Shop Coverage Attach a copy of the policy List dram insurance cover alcoholic liquor will be s	age including nar	ne and address of insur	ance company for t	he licensee and premises for which the
Insurance Company Name	Gary J Bach Agend	cy - Erie Insurance Company		
Address: 100 Erie Insurance I	Place Erie, PA 16530			
Policy Number: Q61 043618	3	Cove	rage Limits: 1,000,0	000
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: Food Sales: General Merchandise (or other): 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.				
	Class A	On & Off Premises I	Full Liquor	\$4,000.00
	Class D	On Premise Only Be	er & Wine	\$2,500.00
	✓ Class F	On Premise Only Fu	ll Liquor	\$3,000.00
	Class G	Package Store Beer	& Wine	52,000.00
	Class C	Package Store Full L	iquor S	53,000.00
	Class BL	Boutique Gaming Fu	Il Liquor	66,000.00
	Class BP	Brew Pub Full Liquo	r s	52,500.00
	Class CT	Caterer Retailer Full	Liquor	5 500.00
	Application Fee \$ 500.00 (new licenses and license class changes only)			