

## 2025 Liquor License

### 8 - Class C Package Store (Full Liquor)

CASEY'S RETAIL COMPANY dba CASEY'S GENERAL STORE #3536

HIGHLAND PARK CVS LLC dba CVS/PHARMACY #8524

GPM MIDWEST, LLC dba FAS MART #5155

GPM MIDWEST, LLC dba FAS MART #5224

KELLEY WILLIAMSON CO dba HONONEGAH MOBIL

KELLEY WILLIAMSON CO dba ROSCOE MOBIL

THORNTONS LLC dba THORNTONS #331

WALGREEN CO dba WALGREENS #6001



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: CASEY'S RETAIL COMPANY

Business Name (d/b/a): CASEY'S #3536

Primary Contact Person /Agent: KRISTINA BARBKNECHT, STORE MANAGER / AGENT (SAME AS LAST YEAR)

Mailing Address: CASEY'S RETAIL COMPANY, ONE SE CONVENIENCE BLVD., ANKENY, IA 50021

Premise Address: 5365 BRIDGE ST, ROSCOE, IL 61073

Email: [REDACTED]

Business Phone: 779-288-8196

Other Phone: CORP: 515-446-6404

Fax: CORP: 515-446-6303

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: 6352-352-6

Date of Incorporation/Formation: 04/14/2004

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: ACE AMERICAN INSURANCE COMPANY

Address: 436 WALNUT ST., PHILADELPHIA, PA 19106

Policy Number: XSL G47300927

Coverage Limits: \$1,000,000

**Anticipated Revenue**

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

Alcohol Sales: 21 %

Food Sales: 44 %

General Merchandise (or other): 35 %

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"/>            | <b>Class A</b>                                       | <b>On &amp; Off Premises Full Liquor</b> | <b>\$4,000.00</b> |
| <input type="checkbox"/>            | <b>Class D</b>                                       | <b>On Premise Only Beer &amp; Wine</b>   | <b>\$2,500.00</b> |
| <input type="checkbox"/>            | <b>Class F</b>                                       | <b>On Premise Only Full Liquor</b>       | <b>\$3,000.00</b> |
| <input type="checkbox"/>            | <b>Class G</b>                                       | <b>Package Store Beer &amp; Wine</b>     | <b>\$2,000.00</b> |
| <input checked="" type="checkbox"/> | <b>Class C</b>                                       | <b>Package Store Full Liquor</b>         | <b>\$3,000.00</b> |
| <input type="checkbox"/>            | <b>Class BL</b>                                      | <b>Boutique Gaming Full Liquor</b>       | <b>\$6,000.00</b> |
| <input type="checkbox"/>            | <b>Class BP</b>                                      | <b>Brew Pub Full Liquor</b>              | <b>\$2,500.00</b> |
| <input type="checkbox"/>            | <b>Class CT</b>                                      | <b>Caterer Retailer Full Liquor</b>      | <b>\$ 500.00</b>  |
| <input type="checkbox"/>            | <b>Application Fee</b>                               |  | <b>\$ 500.00</b>  |
|                                     | <b>(new licenses and license class changes only)</b> |  |                   |



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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: Eva Chilinski  
Licensee: Highland Park OVS, LLC  
Business Name (d/b/a): OVS Pharmacy #8524  
Mailing Address: Chester Dr. #1160 Woonsocket RI 02895  
Premise Address: 4843 Blue Stem Road, Roscoe IL 61073  
Email: [REDACTED]  
Business Phone: 815-623-1696 Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: See Attached Date of Incorporation/Formation: 9-29-2001  
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: See Attached  
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: 54 %  
Food Sales: 1.10 %  
General Merchandise (or other): 98.36 %  
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"/>            | <b>Class A</b>         | <b>On &amp; Off Premises Full Liquor</b> | <b>\$4,000.00</b> |
| <input type="checkbox"/>            | <b>Class D</b>         | <b>On Premise Only Beer &amp; Wine</b>   | <b>\$2,500.00</b> |
| <input type="checkbox"/>            | <b>Class F</b>         | <b>On Premise Only Full Liquor</b>       | <b>\$3,000.00</b> |
| <input type="checkbox"/>            | <b>Class G</b>         | <b>Package Store Beer &amp; Wine</b>     | <b>\$2,000.00</b> |
| <input checked="" type="checkbox"/> | <b>Class C</b>         | <b>Package Store Full Liquor</b>         | <b>\$3,000.00</b> |
| <input type="checkbox"/>            | <b>Class BL</b>        | <b>Boutique Gaming Full Liquor</b>       | <b>\$6,000.00</b> |
| <input type="checkbox"/>            | <b>Class BP</b>        | <b>Brew Pub Full Liquor</b>              | <b>\$2,500.00</b> |
| <input type="checkbox"/>            | <b>Class CT</b>        | <b>Caterer Retailer Full Liquor</b>      | <b>\$ 500.00</b>  |
| <input type="checkbox"/>            | <b>Application Fee</b> |  | <b>\$ 500.00</b>  |
- (new licenses and license class changes only)





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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: Maria Gere, Director of Licensing

Licensee: GPM Midwest, LLC

Business Name (d/b/a): Fas Mart # 5155

Mailing Address: Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227

Premise Address: 11607 Main St, Unit A, Roscoe, IL 61073

Email: [REDACTED]

Business Phone: (815) 516-8887 (store) Other Phone: (804) 730 1568 (corp, x1176-licensing) Fax: N/A

### **Corporate Information (if applicable)**

Illinois Corporate Registration Number: 04964624 Date of Incorporation/Formation: 12/04/2014

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

If foreign corporation, date qualified to do business in Illinois: 12/11/2014

### **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: ACE American Insurance Co

Address: 436 Walnut St, Philadelphia, PA 19106

Policy Number: XSLG47309670 Coverage Limits: \$10,000,000 (Gen. Aggregate)

### **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: 13 %

General Merchandise (or other): 77 %

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 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 checked="" 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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**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**  
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### **SECTION 1: Applicant Information**

Primary Contact Person /Agent: Maria Gere, Director of Licensing  
Licensee: GPM Midwest, LLC  
Business Name (d/b/a): Fas Mart # 5224  
Mailing Address: Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227  
Premise Address: 9095 N. 2nd St, Roscoe, IL 61073  
Email: [REDACTED]  
Business Phone: (815) 315-4345 (store) Other Phone: (804) 730 1568 (corp, x1176- Fax: N/A  
licensing)

### **Corporate Information (if applicable)**

Illinois Corporate Registration Number: 04964624 Date of Incorporation/Formation: 12/04/2014  
Is corporation in good standing with Illinois Secretary of State: ☒ Yes ☐ No  
If foreign corporation, date qualified to do business in Illinois: 12/11/2014

### **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: ACE American Insurance Co  
Address: 436 Walnut St, Philadelphia, PA 19106  
Policy Number: XSLG47309670 Coverage Limits: \$10,000,000 (Gen. Aggregate)

### **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>8</u>	%
Food Sales:	<u>13</u>	%
General Merchandise (or other):	<u>79</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 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 checked="" 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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**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**  
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### **SECTION 1: Applicant Information**

Primary Contact Person /Agent: JOHN C GRIFFIN  
Licensee: KELLEY WILLIAMSON COMPANY  
Business Name (d/b/a): HONONEGAH MOBIL  
Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104  
Premise Address: 5213 ELEVATOR RD, ROSCOE IL 61073  
Email: [REDACTED]  
Business Phone: 815-623-8457 Other Phone: \_\_\_\_\_ Fax: 815-623-8457

### **Corporate Information (if applicable)**

Illinois Corporate Registration Number: 1738-829-1 Date of Incorporation/Formation: 1924  
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: COYLE-KILEY  
Address: 810 N ALPINE RD, ROCKFORD IL 61107  
Policy Number: 6W184894 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>11</u>	%
Food Sales:	<u>11</u>	%
General Merchandise (or other):	<u>78</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 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 checked="" 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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**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**  
§114 of Village of Roscoe Code of Ordinances

### **SECTION 1: Applicant Information**

Primary Contact Person /Agent: JOHN C GRIFFIN

Licensee: KELLEY WILLIAMSON COMPANY

Business Name (d/b/a): ROSCOE MOBIL

Mailing Address: 1132 HARRISON AVE, ROCKFORD IL 61104

Premise Address: 9789 NORTH 2ND STREET, ROSCOE IL 61073

Email: [REDACTED]

Business Phone: 815-623-6245

Other Phone: \_\_\_\_\_

Fax: 815-623-6245

### **Corporate Information (if applicable)**

Illinois Corporate Registration Number: 1738-829-1

Date of Incorporation/Formation: 1924

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: COYLE-KILEY

Address: 810 N ALPINE RD, ROCKFORD IL 61107

Policy Number: 6W184894

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: 12 %

Food Sales: 14 %

General Merchandise (or other): 74 %

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 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 checked="" 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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**RETAIL LIQUOR DEALER'S LICENSE APPLICATION**

§114 of Village of Roscoe Code of Ordinances

**SECTION 1: Applicant Information**

Primary Contact Person /Agent: Paul Carley  
Licensee: Thorntons LLC  
Business Name (d/b/a): Thorntons #331  
Mailing Address: 2600 James Thornton Way  
Premise Address: 13555 Willowbrook Rd Roscoe, IL 61073  
Email: [REDACTED]  
Business Phone: 815-389-0467 Other Phone: 502-425-8022 Fax: none

**Corporate Information (if applicable)**

Illinois Corporate Registration Number: 0733810-4 Date of Incorporation/Formation: 10/29/1971  
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: Marsh USA LLC  
Address: 2929 Allen Parkway, Ste 2500 Houston, TX 77019  
Policy Number: MWZ4-316401-24 Coverage Limits: 5,000,000

**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: 10 %  
Food Sales: 23 %  
General Merchandise (or other): 67 %  
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 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 checked="" 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)



# VILLAGE of ROSCOE

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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: Amber L. Shaffner

Licensee: Walgreen Co.

Business Name (d/b/a): Walgreens #06001

Mailing Address: P.O. Box 901, Deerfield, IL 60015

Premise Address: 5065 Hononegah Rd., Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-623-5079

Other Phone: 847-527-4612

Fax: 847-368-6525

### Corporate Information (if applicable)

Illinois Corporate Registration Number: 1084-348-1

Date of Incorporation/Formation: 2/15/1909

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: Zurich American Insurance Co.

Address: Certificate attached

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: .07 %

Food Sales: 3 %

General Merchandise (or other): 96.93 %

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 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 checked="" 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)