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



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

RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION 1: Applicant In					
Applicant: CASEY'S RETAI	L COMPANY				
Business Name (d/b/a): CAS					
		BARBKNECHT, STORE MANAGER / AGE			
		ANY, ONE SE CONVENIENCE BLVD., AN	KENY, IA 50021		
Premise Address: 5365 BRII	DGE ST, ROSC	OE, IL 61073			
Email:					
Business Phone: <u>779-288-81</u>	96	Other Phone: CORP: 515-446-6404	Fax: CORP: 515-446-6303		
Corporate Information (if a Illinois Corporate Registration Is corporation in good standing If foreign corporation, date of	on Number: 635 ing with Illinois	Secretary of State: Yes No	oration/Formation: 04/14/2004		
alcoholic liquor will be sold	e including name for the duration	ne and address of insurance company for in of the license.	the licensee and premises for which the		
Insurance Company Name: _					
Address: 436 WALNUT ST., I	PHILADELPHIA,	, PA 19106			
Policy Number: XSL G47300	Policy Number: XSL G47300927 Coverage Limits: \$1,000,000				
Anticipated Revenue Indicate anticipated percentage Alcohol Sales: Food Sales: General Merchandise (or other Net Terminal Income (gamin	er): 21 44 35	nal revenue from each of the following cat	regories Percentages must total 100%		
License Information					
Check one box. If license cla	ass selected is d	different 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		
(Class F	On Premise Only Full Liquor	\$3,000.00		
Ţ		Package Store Beer & Wine	\$2,000.00		
		Package Store Full Liquor	\$3,000.00		
<u></u>		Boutique Gaming Full Liquor	\$6,000.00		
		Brew Pub Full Liquor	\$2,500.00		
L	Class CT	Caterer Retailer Full Liquor	\$ 500.00		
כ	Application (new)	Fee licenses and license class changes only	\$ 500.00		



10631 Main Street, P.O. Box 283, Roscoe IL 61073

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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: _ ?	a Chilliaski	
Licensee: Highland Pari	u (115, 110	
Business Name (d/b/a): (1) < Physical Republic Physical Republic Physical Republic Physical Republic Physical Republic Physical Republic Physical P		
Mailing Address: (C. & CUS I) come		T 02895
Premise Address: 4843 Blue		
Email:		
Business Phone: 315 - 623 - 1691	Other Phone:	Fax:
Corporate Information (if applicable) Illinois Corporate Registration Number: Is corporation in good standing with Illino If foreign corporation, date qualified to do	is Secretary of State: Yes No	corporation/Formation: 9-24-7001
Dram Shop Coverage Attach a copy of the policy declaration to t List dram insurance coverage including na alcoholic liquor will be sold for the durati	ame and address of insurance compar	y for the licensee and premises for which the
Insurance Company Name: 5e e	Machael	
Address:		
Policy Number:	Coverage Limits:	
Attach a copy of your financial statement. Indicate anticipated percentage of total annualcohol Sales: Tood Sales: Teneral Merchandise (or other): Tet Terminal Income (gaming revenue): Ticense Information The content of the content	1.10 % 18.36 %	
□ Class A		\$4,000.00
U Class A	On & Off Premises Full Liquor	34,000.00

		Class A	On & Off Premises Full Liquor	5	4,000.00
	0	Class D	On Premise Only Beer & Wine	S	2,500.00
4		Class F	On Premise Only Full Liquor	S	3,000.00
	0	Class G	Package Store Beer & Wine	S	2,000.00
	Q.	Class C	Package Store Full Liquor	S	3,000.00
	0	Class BL	Boutique Gaming Full Liquor	S	6,000.00
	0	Class BP	Brew Pub Full Liquor	\$2	2,500.00
		Class CT	Caterer Retailer Full Liquor	S	500.00
į	0	Application	Fee licenses and license class changes only)	S	500.00



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION	1: Ap	olicant	Information
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Primary Contact Person / Agent: Ma	ria Gere Director of Licensing			
Primary Contact Person / Agent: Maria Gere, Director of Licensing Licensee: GPM Midwest, LLC				
Business Name (d/b/a): Fas Mart #				
	ept; 8565 Magellan Pkwy, Ste 400, Ricl	hmond, VA 23227		
	Jnit A, Roscoe, IL 61073			
Email:	7,1,1,000000,1201010			
	Other Phone: (804) 730 1568 (corp.	x1176- Fax: N/A		
	licensii	ng)		
Corporate Information (if applicable) Illinois Corporate Registration Number: Is corporation in good standing with Illi If foreign corporation, date qualified to	04964624 Date of Incornois Secretary of State: •Yes No	poration/Formation: 12/04/2014		
alcoholic liquor will be sold for the dur	name and address of insurance company for tration of the license.	for the licensee and premises for which the		
Insurance Company Name:ACE An	nerican Insurance Co			
Address: 436 Walnut St, Philadelpl				
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				
	l is different than previous year a five-hund	A CONTRACTOR OF THE PROPERTY O		
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		
Z Class C	Package Store Full Liquor	\$3,000.00		
Class B	L Boutique Gaming Full Liquor	\$6,000.00		
Class B	P Brew Pub Full Liquor	\$2,500.00		
Class C	T Caterer Retailer Full Liquor	\$ 500.00		
	ition Fee	\$ 500.00		



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 # 5224
Mailing Address: Attn: Licensing Dept; 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227
Premise Address: 9095 N. 2nd St, Roscoe, IL 61073
Email:
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: OYes ONo 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)
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: 8
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 Promises Full Liquor \$4,000,00

Check one box. If ficelise class selected is	annot on the provided of the latest and			
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		
	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		
Applicatio		\$ 500.00		
(new licenses and license class changes only)				



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RETAIL LIQUOR DEALER'S LICENSE APPLICATION

		§114 of Village of Ros	coe Code of Ordinances	
SECTION 1: Applicant Inf	ormation			
Primary Contact Person /Age	ent: JOHN C GI	RIFFIN		
Licensee: KELLEY WILLIAMSO	N COMPANY			
Business Name (d/b/a): HONG	ONEGAH MOBIL	_		·
Mailing Address: 1132 HARR	ISON AVE, ROC	CKFORD IL 61104		
Premise Address: 5213 ELEVA	ATOR RD, ROSC	COE IL 61073		
Email:				
Business Phone: 815-623-8457	•	Other Phone:		Fax: 815-623-8457
Corporate Information (if a Illinois Corporate Registration Is corporation in good standing If foreign corporation, date quality of the Information (if a In	n Number: 17: ng with Illinois	Secretary of State:		oration/Formation: 1924
Dram Shop Coverage Attach a copy of the policy de List dram insurance coverage alcoholic liquor will be sold	including nar	me and address of in	surance company for	the licensee and premises for which the
Insurance Company Name: C	OYLE-KILEY			
Address: 810 N ALPINE RD, RO	CKFORD IL 611	07		
Policy Number: 6W184894		C	overage Limits: 1,000	0,000
Anticipated Revenue Attach a copy of your financia Indicate anticipated percentag Alcohol Sales: Food Sales: General Merchandise (or other Net Terminal Income (gaming	e of total annual 11 11 11 11 17 17 17 17 17 17 17 17 17	<u>%</u>	n of the following cat	tegories Percentages must total 100%
License Information				
Check one box. If license class	ss selected is o	different than previou	ıs year a five-hundre	d-dollar application fee is required.
	Class A	On & Off Premise	es 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
L	Class G	Package Store Bee	er & Wine	\$2,000.00
<u> </u>	l Class C	Package Store Ful	l Liquor	\$3,000.00
Ļ	Class BL	Boutique Gaming	-	\$6,000.00
	Class BP	Brew Pub Full Liq	•	\$2,500.00
	Class CT	Caterer Retailer F	ull Liquor	\$ 500.00

(new licenses and license class changes only)

☐ Application Fee

\$ 500.00



RETAIL LIQUOR DEALER'S LICENSE APPLICATION

SECTION 1:	Applicant	Information

Primary Contact Person / Agent: JOHN C GF	Primary Contact Person / Agent: JOHN C GRIFFIN				
Licensee: KELLEY WILLIAMSON COMPANY					
Business Name (d/b/a): ROSCOE MOBIL					
Mailing Address: 1132 HARRISON AVE, ROC	KFORD IL 61104				
Premise Address: 9789 NORTH 2ND STREET,	ROSCOE IL 61073				
Email:					
Business Phone: 815-623-6245	Other Phone:	Fax: 815-623-6245			
Corporate Information (if applicable) Illinois Corporate Registration Number: 173 Is corporation in good standing with Illinois If foreign corporation, date qualified to do l	Secretary of State: OYes ONo	poration/Formation: 1924			
Dram Shop Coverage Attach a copy of the policy declaration to the List dram insurance coverage including nar alcoholic liquor will be sold for the duration	ne and address of insurance company fo	r the licensee and premises for which the			
Insurance Company Name: COYLE-KILEY					
Address: 810 N ALPINE RD, ROCKFORD IL 6110	77				
Policy Number: 6W184894 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): Attach a copy of your financial statement.					
License Information					
Check one box. If license class selected is d					
☐ 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 Fee \$ 500.00 (new licenses and license class changes only)					
(new needses and needse class changes only)					



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:	Paul carley			
Licensee: Thorntons LLC				
Business Name (d/b/a): Thorr	tons *331			
Mailing Address: 2600 Ja	mes Thornton Way			
Premise Address: 13555 1		scoe, IL 61073		
Email:				
Business Phone: 815 - 389 - 1)461 Other Phone: 502-425-9	8022 Fax: none		
Corporate Information (if applicable Illinois Corporate Registration Number Is corporation in good standing with Ill If foreign corporation, date qualified to	inois Secretary of State: PYes No	rporation/Formation: 10/29/1971		
Dram Shop Coverage Attach a copy of the policy declaration List dram insurance coverage including alcoholic liquor will be sold for the du	g name and address of insurance company i	for the licensee and premises for which the		
Insurance Company Name:	rsh USA LLC			
Address: 2929 Allen Par	Kway , Ste 2500 Hous	TON, TX 77019		
Policy Number: MWZY-3164	Coverage Limits:	5,000,000		
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): **Terminal Merchandise** **Terminal				
License Information				
Check one box. If license class selected	d is different than previous year a five-hund	lred-dollar application fee is required.		
□ Class A	On & Off Premises Full Liquor	\$4,000.00		
☐ Class I	On Premise Only Beer & Wine	\$2,500.00		
□ Class I	On Premise Only Full Liquor	\$3,000.00		
□ Class (Package Store Beer & Wine	\$2,000.00		
P Class (Package Store Full Liquor	\$3,000.00		
□ Class I	L Boutique Gaming Full Liquor	\$6,000.00		
□ Class I	P Brew Pub Full Liquor	\$2,500.00		
□ Class C	T Caterer Retailer Full Liquor	\$ 500.00		
	ntion Fee new licenses and license class changes on	\$ 500.00 dly)		



Phone) 815-623-2829 Fax) 815-623-1360 Email) <u>jreidinger@villageofroscoe.com</u>

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:				
Business Phone: 847-527-4612 Other Phone: 847-527-4612	Fax: 847-368-6525			
Corporate Information (if applicable)	poration/Formation: 2/15/1909			
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 alcoholic liquor will be sold for the duration of the license.	or the licensee and premises for which the			
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: Food Sales: General Merchandise (or other): 96.93 96.93 Net Terminal Income (gaming revenue): 0 96.93 64 License Information				
Check one box. If license class selected is different than previous year a five-hundred	ed-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 Fee (new licenses and license class changes only	\$ 500.00 ()			