



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: Penny Lakhani

Licensee: Penny Inc.

Business Name (d/b/a): Penny Inc DBA Duck Mart

Mailing Address: _____

Premise Address: 5526 ELUMOR AVE SUITE 5524-5526-5520 IL 61073

Email: Sam Lakhani AOL.com

Business Phone: 815-623-2131 Other Phone: [REDACTED] Fax: 815-623-2131

Corporate Information (if applicable)

Illinois Corporate Registration Number: 14530-S9584 Date of Incorporation/Formation: May 2011

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: ASSURED PARTNERS

Address: 25, NORTH WEST Point Blvd - Suite 625

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: 70% %

Food Sales: - %

General Merchandise (or other): 5% %

Net Terminal Income (gaming revenue): 25% %

License Information

Check one box. If license class selected is different than previous year a five-hundred-dollar application fee is required.

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



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General Information (applies to anyone listed in Section 2)

Attach a copy of the lease if applicable

Owner of Premises: JDA Property Management

Date applicant began liquor sales at this premise: _____

Illinois Liquor License Number: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Has applicant ever made application for a liquor license which has been denied? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Has applicant ever had any previous liquor license suspended or revoked? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Has applicant ever been convicted of a felony? <u>no conviction</u> |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Has applicant ever been convicted of a gambling offense? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Do you possess a current federal wagering or gambling device stamp? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Are you, or is any other person, directly or indirectly in your place of business, a public official? |

* If yes to any of the above, please explain on separate sheet.

SECTION 2: Owner & Officer Information

For every individual applicant, sole owner, partner, member, corporate officer, stockholder or director (whether or not they own any stock), stockholder owning in the aggregate more than 5% of the stock (including, officers, directors and stockholders of more than 5% for all corporate stockholders), manager or agent conducting the business please supply the following information. All not-for-profit organizations and associations must supply the requested information for all officers, directors and managers. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than 5% interest.

If additional space is needed, type or print information in the same format and attach the sheet to this application.

1. Name: Penny Lakhan
Title: President Percent Ownership: 100%
Date of Birth: 7.12.53 Driver's License # [REDACTED] State Issued: IL
2. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
3. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
4. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____
5. Name: _____
Title: _____ Percent Ownership: _____
Date of Birth: _____ Driver's License # _____ State Issued: _____



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AFFIDAVIT

I, the undersigned applicant or authorized agent thereof, swear or affirm that the matters in the foregoing application are true and correct, are made upon my personal knowledge and information, are, made for the purpose of requesting the VILLAGE OF ROSCOE to issue the license herein applied for. I further swear or affirm that the applicant will not violate any of the laws of the UNITED STATES of AMERICA, VILLAGE of ROSCOE, or the STATE of ILLINOIS, in particular, the LIQUOR CONTROL ACT AND THE CIVIL RIGHTS THEREOF.

I further swear or affirm that I have read and understand the Village of Roscoe Code of Ordinances, specifically as they relate to the control and sale of alcoholic beverages in the Village of Roscoe, including the revenue requirements for the requested liquor license classification and agree to abide by such laws and regulations.

[Redacted Signature]

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)

President
 (TITLE OR POSITION)

(TITLE OR POSITION)

9-18-25
 (DATE SIGNED)

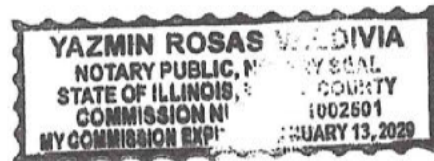
(DATE SIGNED)

AFFIRM: _____
 (SECRETARY)

(DATE SIGNED)

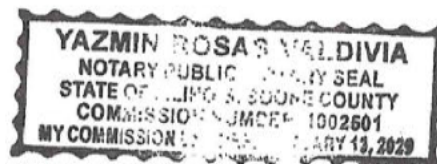
STATE OF IL

COUNTY OF Boone) SS

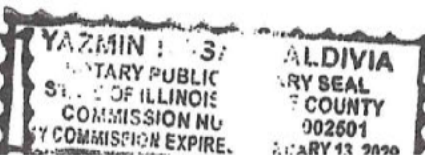
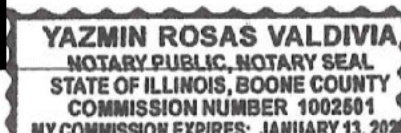


SUBSCRIBED AND SWORN TO BEFORE ME

THIS 18th DAY OF September 2025



NOTARY PUBLIC



JDA Property Management, LLC – Roscoe Center

August 29, 2025

Village of Roscoe

Janel Reidinger - Permitting & Licensing Assistant

10631 Main St. Roscoe, IL 61073

RE: Authorization for Tenant to Apply for Liquor and Gaming Licenses

To Whom It May Concern:

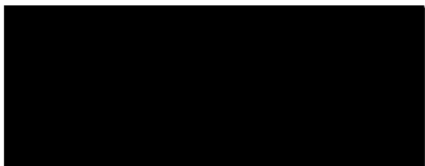
I, Lori Aamodt, on behalf of JDA Property Management LLC, as the owner/landlord of the premises located at:

5482-5544 Elevator Road, Roscoe, IL 61073 | Suite 5520, portion of Suite 5524, and Suite 5526

hereby authorize Penny Inc. to apply for and obtain all necessary liquor license(s) and video gaming license(s) as required by the Village of Roscoe and any applicable state regulatory authorities, for the operation of their business at the above-referenced premises.

This authorization is granted solely for the purpose of enabling the Tenant to seek and maintain the proper liquor and/or gaming licenses and does not constitute or imply any ownership interest by the Landlord in the Tenant's business or license(s). The Tenant shall remain solely responsible for compliance with all municipal, state, and federal laws and regulations, including but not limited to those governing the sale of alcoholic beverages and operation of gaming devices.

Should you require any additional information or documentation, please feel free to contact me directly at:





September 17, 2025

Sam Lakhani
Penny Inc.
5755 Elevator Rd.
Roscoe, IL 61073

Dear Sam,

Thank you for letting us know you will be moving to a new location:
5482-5544 Elevator RD Roscoe ILL Suite 5520-5524-5526

As soon as you have confirmed the exact move date, please let us know to add to the policy.

If you have any questions, please do not hesitate to contact me. Thank you, again, for this opportunity.

Best regards,

Maribel Espinoza

Maribel Espinoza
25 Northwest Point Blvd , Suite 625
Elk Grove Village, IL 60007