



Class T Temporary Liquor License Application

Applicant Information

Applicant: RYBO Ventures, Inc.

Business Name (d/b/a): Poison Ivy Pub

(Must have current Village of Roscoe Liquor License)

Village of Roscoe Liquor License Number: 459-26

License Class: F

Primary Contact Person /Agent: Elizabeth Raley

Mailing Address: 5765 Elevator Rd Roscoe, IL 61073

Email: [REDACTED]

Business Phone: 815-623-1480

Other Phone: [REDACTED]

Fax: _____

General Information

Type of Event Roscoe Lion's Club Fall Festival

Address/Location of Event 5727 Broad St Roscoe, IL 61073

Set up dates and times 9/10/2026

Tear down dates and times 9/14/2026

Event Date 9/11/2026

Alcohol Sales Start Time: 5:00 pm

Alcohol Sales End Time: 10:00 pm

Event Date 9/12/2026

Alcohol Sales Start Time: 12:00 pm

Alcohol Sales End Time: 10:00 pm

Event Date 9/13/2026

Alcohol Sales Start Time: 12:00 pm

Alcohol Sales End Time: 8:00 pm

Event Date _____

Alcohol Sales Start Time: _____

Alcohol Sales End Time: _____

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: Badger Mutual Insurance via Covenant Group

Address: 10772 Main St #2 Roscoe, IL 61073

Policy Number: 00770-57014

Coverage Limits: 2,000,000

License Information

Number of Days Requested 3

Class T Temporary (One Day)

\$ 100.00/day

Office Use Only

Date Issued: _____ Expires: _____ Fee: _____ License No: _____

☐ Check # _____ ☐ Cash ☐ Credit Card Receipt # _____

recvd 7-27-24



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.


President/Owner

(TITLE OR POSITION)

7/27/26
(DATE SIGNED)


Vice President/Owner

(TITLE OR POSITION)

7-27-26
(DATE SIGNED)

AFFIRM: _____
(SECRETARY)

(DATE SIGNED)

STATE OF IL)

COUNTY OF WINNEBAGO) SS

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 27 DAY OF July, 2026


NOTARY PUBLIC

JUSTIN HILLS
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 7, 2026