



Illinois Liquor Control Commission

Date Received: _____

License No. _____

100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312 814-2206
TDD: 312 814-1844

300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

ADVISORY OPINION REQUEST FORM

Attach additional pages as necessary and any documentation, research, or other evidence that you request the Department to consider.

Name of Requestor (individual or business entity): _____

Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Phone Number: _____

Email: _____

Please check the appropriate request type:

License Legal Enforcement Other: _____

Question or issue to be addressed: _____

Applicable statutes, regulations, ordinances, or other authority: _____

Proposed response, comment, or basis for reconsideration request: _____

Please email completed form to: LCC.AdvisoryOpinions@illinois.gov

Completed on: _____

Internal Use Only