

Use your 'Mouse' or 'Tab key' to move through the fields.

State of Illinois
LIQUOR CONTROL COMMISSION
NINETY DAY WAIVER APPLICATION

FEE: \$10.00 PER LOCATION

DISPLAY ORIGINAL FORM NEAR STATE LIQUOR LICENSE

PLEASE NOTE: IF REQUEST INVOLVES MULTIPLE LIQUOR LICENSES, A SEPARATE APPLICATION FORM MUST BE SUBMITTED FOR EACH LICENSE. YOU MAY REPRODUCE THIS PAGE FOR ADDITIONAL APPLICATIONS.

DATE OF REQUEST		CORPORATE FEIN NUMBER	
STATE LIQUOR LICENSE NUMBER	DATE STATE LICENSE ISSUED	DATE OF STATE LICENSE EXPIRATION	
APPLICANT/CORPORATION NAME			
D/B/A			
PREMISE ADDRESS			
CITY	COUNTY	ZIP	
TELEPHONE (INCLDE AREA CODE)			

CENTRAL BUSINESS LOCATION IN ILLINOIS WHERE INVOICES WILL BE KEPT:

NAME OF BUSINESS		
ADDRESS		
CITY	COUNTY	ZIP
CONTACT PERSON		TELEPHONE (INCLUDE AREA CODE)

I, the undersigned applicant or authorized agent thereof, swear or affirm the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the State of Illinois to issue the waiver herein applied for and the applicant is qualified and eligible to obtain the waiver applied for.

SIGNATURE OF AUTHORIZED AGENT	DATE
PRINT OR TYPE FULL NAME	TITLE

- Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents to LCC.Licensing@illinois.gov for review and processing.
- License fee payments shall be made by check through the mail within 3-7 business days to the Illinois Liquor Control Commission 100 W Randolph Suite 7-801, Chicago, IL 60601 or 300 W Jefferson Suite 300, Springfield, IL 62702.

Reset

Print