



50 W. WASHINGTON ST., SUITE 209
CHICAGO, ILLINOIS 60602
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

**APPLICATION FOR STATE OF ILLINOIS BEER
SHOWCASE PERMIT LICENSE**

DEFINITION: A beer showcase permit means a license for use by a class 3 brewer or distributor to allow for the transfer of beer only from an existing licensed premises of a class 3 brewer or distributor to a designated site for a specific event. (235 ILCS 5/1-3.43 of the Liquor Control Act)

A beer showcase permit license shall allow an Illinois-licensed distributor to transfer a portion of its beer inventory from its licensed premises to the premises specified in the beer showcase permit license, and, in the case of a class 3 brewer, transfer only beer the class 3 brewer manufactures from its licensed premises to the premises specified in the beer showcase permit license; and to sell or offer for sale at retail, only in the premises specified in the beer showcase permit license, the transferred or delivered beer for on or off premise consumption, but not for resale in any form and to sell to non-licensees not more than 96 fluid ounces of beer per person. A beer showcase permit license may be granted for the following time periods: one day or less; or 2 or more days to a maximum of 15 days per location in any 12-month period. An applicant for a beer showcase permit license must also submit with the application proof satisfactory to the State Commission that the applicant will provide dram shop liability insurance to the maximum limits and have local authority approval. The State Commission shall require the beer showcase applicant to comply with Section 6-27.1.

ELIGIBILITY: APPLICANT MUST ALREADY HOLD A STATE OF ILLINOIS DISTRIBUTOR'S LIQUOR LICENSE OR CLASS 3 BREWER'S LIQUOR LICENSE.

Local liquor licensing authority approval is required for this license.

Dram shop insurance to the maximum limit is required for this license.

Please print or type the information requested in the spaces provided. The form must bear an original signature. Rubber stamped, photocopied or faxed documents will not be accepted.

**Illinois Liquor Control
Commission**



**JB Pritzker
Governor**

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**1 DAY EVENT
FEE:
\$150**

**2 DAYS OR
MORE
EVENT FEE:
\$250**

Payment for a 1 day Beer Showcase Permit is \$150. Payment for 2 or more days is \$250. Payment in the above amount shall be made by check through the mail on or before 12/31/2021 to Illinois Liquor Control Commission, 50 W Washington St., Suite 209, Chicago, IL 60602 or 300 W. Jefferson, Suite 300, Springfield, IL 62702. REFERENCE your State Liquor License Number and/or your licensed business address OR attach a copy of your Beer Showcase Permit.

**(IHFWLH6HSWHPEHUDOOHDSSOLFEDWLOODHWHRSWLRWRHPDLOWHLUH
OLTXRUOLFHHDSOLFEDWLRDGGXSSRUWLJGRFXPHWWRLFHJLOOLRLJR
IRUUHLHDGSUREFHJLFFHHIHHSDPHWDOOEHPDGHEEFHFNURPRH
RUGHUWURXJWHPDLOWLWLEXLHGDWRWHJOLRLTXRURWURO
RPPLLRDLUWR6W6XLWHLEDJRURHHIHR6XLWH
6SULJILHOG**

Please print or type the information requested in the spaces provided. The form must bear an original signature. Rubber stamped, photocopied or faxed documents will not be accepted.

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

Application for State of Illinois Beer Showcase Permit Liquor License

1. APPLICANT INFORMATION

Check box if license and ILCC correspondence should be sent to this address.

Provide the information requested in the spaces below, including your current State of Illinois Distributor or Class 3 Brewer Liquor License number, the corporate/organization name, the corporate/organization Federal Employer Identification Number (FEIN); your Illinois Department of Revenue Sales Tax Account ID; telephone number, your corporate/organization mailing address, and county.

STATE LIQUOR LICENSE NO.	NAME			
FEDERAL EMPLOYER ID NO.	ILLINOIS SALES TAX ACCOUNT ID	AREA CODE/TELEPHONE NO.		
		()		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

2a. BUSINESS LOCATION INFORMATION

Check box if license and ILCC correspondence should be sent to this address.

Write your "Doing Business As" (DBA) name, telephone number, address and county.

NAME (DOING BUSINESS AS DBA)	AREA CODE/TELEPHONE NO.			
	()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

2b. CONTACT INFORMATION

Provide the requested contact information for your business. The contact person should be the responsible party we can contact who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
	()	()
EMAIL ADDRESS	FAX NUMBER	
	()	

3. EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time (e.g., “0200” = 2AM, “1200” = noon, “2400” = midnight).
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event. **Note: Only one location is allowed per application.**
- Provide the name/type of the event (e.g., neighborhood festival, Oktoberfest, fish fry, tasting/sampling, etc.).
- Determine the total number of event themes/types for which approval is requested. Use a separate application for each event theme/type.
- Determine the total number of days and locations covered by the event. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM (AM/PM)	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)	EVENT TIME: TIME TO (AM/PM)	LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP	EVENT THEME: TYPE OF EVENT

4. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application **MUST** be listed in this section.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED
					()		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED
					()		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED
					()		

5. PRIOR LIQUOR LICENSE INFORMATION

- A. Has the organization ever applied for and been denied a liquor license? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

- B. Has the organization had any previous liquor license suspended or revoked? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

The undersigned hereby certifies that it understands that if it is granted a beer showcase permit this would allow an Illinois licensed distributor to transfer a portion of its beer inventory from its licensed premises to the premises specified in the beer showcase permit license, and, in the case of a class 3 brewer, transfer only beer the class 3 brewer manufactures from its licensed premises to the premises specified in the beer showcase permit; and to sell or offer for sale at retail, only in the premises specified in the beer showcase permit license, the transferred or delivered beer for on or off premise consumption, but not for resale in any form and to sell to non-licensees not more than 96 fluid ounces of beer per person and applicant shall comply with Section 6-27.1.

6. LOCAL AUTHORITY APPROVAL

You MUST submit proof of local authority approval for your event. Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the county will need to provide the approval. If the event is taking place on state or federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission. If stamps/seals are not applicable, **attach** a photocopy of the approval letter or certificate.

ATTACH:
LOCAL AUTHORITY APPROVAL
(IF MISSING, APPLICATION WILL BE REJECTED)

or

**Local Liquor
Commissioner's
Event Approval
Stamp Here
(if applicable)**

7. DRAM SHOP INSURANCE

You MUST submit proof that Dram Shop insurance to the maximum limit has been secured for this event. **Attach** a photocopy of the insurance rider to this application. Remember, it must cover the **location** where the special event is being held and the coverage **must** coincide with the dates of the event.

ATTACH:
DRAM SHOP INSURANCE RIDER
(IF MISSING, APPLICATION WILL BE REJECTED)

8. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. **Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION.**
The Commission does not accept U.S. currency/cash as payment.

9. LATE FILING FEE

All late fees are currently being waived, late fees are not applicable at this time.

10. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing.

The signature must be an original; rubber stamps, photocopies, or faxed copies are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE