



**100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
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TELEPHONE: 217 782-2136
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STATE OF ILLINOIS CHANGE OF CORPORATE OFFICERS

If you are **ONLY** changing corporate officers, you can update your ownership information along with the supporting documents listed below. **NOTE: Your Illinois Sales Tax account number, Federal Employer Identification No. (FEIN), and LLC/Corporate/Partnership name MUST remain unchanged to use this form.**

The Illinois Liquor Commission requires proof of officer changes *235 ILCS 5/7-1(24)*. We will not make any officer changes without supporting documentation. The information listed below **MUST** be submitted prior to any officer changes being made:

1. Proof of approval from the locality supporting the change of officers. Providing us with a copy of your local license does not qualify as approval for officer changes **UNLESS** the local license reflects the individual names of the corporate officers on the local license.
 - If the local license does not reflect the individual names of all corporate officers then you will need to provide us with a letter from the local municipality verifying that they are aware of the officer change and have approved the change of officers. This letter should reflect the names of officers that are being added or deleted.
2. Evidence of transfer:
 - a. Stock Purchase Agreement;
 - b. Bill of Sale;
 - c. Closing Statement;
 - d. Filed Change of Officer application from the Secretary of State;
 - e. Death Certificate;
 - f. Probate Court Order documents (if applicable);
 - g. Bankruptcy or Receivership documents;
 - h. LLC Operating Agreements;
 - i. Board Member Minutes referencing the changes.
3. Applicants must update their officer/ownership information with the Illinois Department of Revenue by calling the Central Registration Division in Springfield at 217 785-3707.

NEW OWNERSHIP INFORMATION

STATE LIQUOR LICENSE NO.

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

E. Total percentage of all stock held by all persons with less than five percent interest. _____ %