

Illinois Liquor Control Commission

APPLICATION FOR CHANGE OF HOURS OF OPERATION



I am the owner of an alcohol beverage business located at the address listed below. I have changed the hours of operation as indicated:

State Liquor License Number: _____

Licensee NAME: _____

Business NAME: _____

Street Address: _____

City / Zip Code: _____

Contact Number: (____) - ____ - _____
(In case of emergency)

	MON	TUES	WED	THURS	FRI	SAT	SUN
OPEN:							
CLOSE:							

The hours listed above represent the times during each business day when my business is actually open and available for inspection by the Commission's Field Agents. These hours may differ from the hours of operation permitted by the local authorities.

If your business is open only for special events or private functions, or is only open late at night or on weekends, then you are to write in the name and phone number of a person that can be called to schedule an appointment for inspection.

I, the undersigned applicant or authorized agent thereof, swear or affirm that 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 update my license file information.

Signature of Applicant: _____

Printed Name: _____

Phone: (____) - ____ - _____

Title or Position: _____

Please mail or fax this form to either of the offices listed below:

Illinois Liquor Control Commission
 Attn: Licensing Division
 300 W. Jefferson St., Suite 300
 Springfield, IL 62702
 FAX # 217-524-1911

Illinois Liquor Control Commission
 Attn: Licensing Division
 50 W. Washington St Suite 209
 Chicago, IL 60602
 FAX # 312-814-2241