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)

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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
101 W. Jefferson St., MC-3-525
Springfield, IL 62702
FAX # 217-524-1911

Illinois Liquor Control Commission
Attn: Licensing Division
100 W. Randolph, Suite 7-801
Chicago, IL 60601
FAX # 312-814-2241