

Illinois Liquor Control
Commission



JB Pritzker
Governor

100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
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 CRAFT DISTILLER TASTING PERMIT LICENSE

DEFINITION: A “craft distiller tasting permit” licensee may conduct product sampling of distilled spirits transferred from the craft distiller licensed premises for consumption at the location specified in the Craft Distiller Tasting Permit License.

ELIGIBILITY: APPLICANT MUST ALREADY HOLD A STATE OF ILLINOIS CRAFT DISTILLER LICENSE.

Local liquor licensing authority
approval is required for this license.

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

The applicant will need to email the application and document attachments to
LCC.Licensing@illinois.gov.

Payment for a Craft Distiller Tasting Permit is \$25 and shall be made by check through the mail on or before 12/31/2020 to Illinois Liquor Control Commission, 100 W. Randolph St., Suite 7-801, Chicago, IL 60601 or 300 W. Jefferson, Suite 300, Springfield, IL 62702. REFERENCE your State Liquor License Number (ex. 3X-XXXXXX) and/or your licensed business address OR attach a copy of your Craft Distiller Tasting Permit application.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

Application for State of Illinois Craft Distiller Tasting 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 Craft Distiller 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.

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 at the bottom of Page 4 **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.

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. 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.

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