



100 W. RANDOLPH ST., SUITE 7-801  
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SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217 782-2136

WEBSITE: ILCC.Illinois.gov

## APPLICATION FOR CRAFT DISTILLER WAREHOUSE PERMIT

**All new applicants can email completed applications and attachments to  
LCC.Licensing@illinois.gov**

**(235 ILCS 5/5-1) P.A. 100-816** A craft distiller warehouse permit may be issued to the holder of a class 1 craft distiller or class 2 craft distiller license. The craft distiller warehouse permit shall allow the holder to store or warehouse up to 500,000 gallons of spirits manufactured by the holder of the permit at the premises specified on the permit. Sales to non-licensees are prohibited at the premises specified in the craft distiller warehouse permit.

**CRAFT DISTILLER WAREHOUSE PERMIT:**

**FEE: \$25.00**

The following documents **MUST** be attached to process the application for a Craft Distiller Warehouse Permit:

- 1) Copy of your current State of Illinois **Manufacturer's (Class 1 or Class 2 Craft Distiller's) Liquor License** and
- 2) Copy of the **Property Rights for the Distiller's Warehouse Location** (include one or more of the following).
  - Lease
  - Recorded Deed
  - Closing Statement
  - Bill of Sale

### Application for Craft Distiller Warehouse Permit

Please print or type the information requested in the spaces provided.

**CORPORATE NAME (Also list DBA name if different from corporate name)**

Enter the name of the sole proprietorship, partnership, corporation (Illinois, national, or foreign), or limited liability company in this box.

**Note: This name must be consistent with the name printed on your local liquor license and your Illinois Department of Revenue Tax Certificate.**

NAME	DOING BUSINESS AS (DBA)

**MAILING ADDRESS**

Enter the street address, city, state, and ZIP Code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP CODE

- Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents to [LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov) for review and processing.

- License fee payments shall be made by check through the mail within 3-7 business days to the Illinois Liquor Control Commission 100 W Randolph Suite 7-801, Chicago, IL 60601 or 300 W Jefferson Suite 300, Springfield, IL 62702.

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

**CONTACT INFORMATION**

Provide the contact information for your business. The contact person should be the responsible party we can contact and 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 (   )	

**WAREHOUSE PERMIT ADDRESS**

If you will be storing or warehousing product at another location other than your current licensed Distillery location, provide the name, street address, city, state, ZIP Code, and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE

**RIGHTS TO THE PROPERTY**

- I hereby certify that the property is owned by the applicant
- I hereby certify that the property is leased from the landlord
- I hereby certify that the property is managed via an operating or management agreement

LANDLORD NAME	AREA CODE/PHONE NUMBER (Home, cell, etc.) (   )			
EMAIL ADDRESS	FAX NUMBER (   )			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

**SIGNATURE/TITLE/DATE**

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. **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 PERMIT HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE PERMIT 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