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Criminal History Rehabilitation Form

Applicant Name: _____
Name of Licensee: _____
Address: _____
City: _____ State: _____ Zip Code: _____

(1) What was the disqualifying crime or crimes you have committed that causes you to be ineligible for a liquor license?

(2) How old were you when you committed the offense?

(3) What was the date of conviction?

(4) What was the sentence?

(5) Did you serve time in a federal or state penitentiary? If so, how long and when was the date of release?

(6) Did you successfully complete parole or probation after your release (if applicable)? What were the term/dates of the parole? Can you provide documentation that you successfully completed parole/probation?

(7) Have you been arrested or convicted of any criminal offense in any jurisdiction after you committed a disqualifying crime?

(8) Do you have any other evidence of your present fitness or professional character you would like to share?

(9) Do you have evidence of rehabilitation or a rehabilitative effort, either during or after incarceration, during or after supervision, including but not limited to a certificate of good conduct under Section 5-5.5-25 of the Unified Code of Corrections or a certificate of relief from disabilities under Section 5-5.5-10 of the Unified Code of Corrections?

(10) Do you have other mitigating factors that contribute to your potential and current ability to perform the duties and responsibilities of the position for which a license is sought?

Please provide a certified copy of your conviction/s that may initially disqualify you from holding a liquor license.

Please resubmit your State of Illinois Liquor License Application and required supporting documentation along with this form.

Please email completed
form and application to:

LCC.LICENSING@ILLINOIS.GOV