

**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  
HOMEBREWER SPECIAL EVENT LICENSE**

**DEFINITION:** "Homemade brewed beverage" means beer or any other beverage obtained by the alcoholic fermentation of an infusion or concoction of grains, sugars, or both in water and includes, but is not limited to, beer, mead, and cider made by a person 21 years of age or older, through his or her own efforts, fermented at his or her place of residence, fermented at another place of residence of a homemade brewed beverage brewer, or fermented at a premises of a commercial enterprise that is engaged primarily in selling supplies and equipment for use by home brewers and not for a commercial purpose but for consumption by that person or his or her family, neighbors, guests, and friends or for use at an exhibition, demonstration, judging, tasting, or sampling with sampling sizes as authorized by Section 6-31 of the Illinois Liquor Control Act or as part of a contest or competition authorized by Section 6-36 of this Act.

No license or permit is required for the making of homemade brewed beverages or for the possession, transportation, or storage of homemade brewed beverages by any person 21 years of age or older, if all of the following apply:

1. The person who makes the homemade brewed beverages receives no compensation;
2. The homemade brewed beverage is not sold or offered for sale (event admission fees to homemade brewing events are NOT considered fees for the sale of homemade brewed beverages); and
3. The total quantity of homemade brewed beverages made, in a calendar year, by the person does not exceed 100 gallons if the household has only one person 21 years of age or older or 200 gallons if the household has 2 or more persons 21 years of age or older.

If homemade brewed beverages are offered to be sampled by the public at any location, a person shall obtain a homebrewer special event permit for each location. Per sampling limitations, a permit holder may offer to the public up to 3 samples, consisting of no more than 2 ounces of beer to a consumer over the age of 21 in one day. A homebrewer special event permit holder is required to obtain dram shop insurance in the maximum limit required for this 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 Home Brewer Special Event 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. 4E-XXXXXX) and/or your licensed business address OR attach a copy of your Home Brewer Special Event Permit application.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE  
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

## Application for State of Illinois Homebrewer Special Event Permit

### 1. APPLICANT INFORMATION

Provide the information requested in the spaces below, including the corporate/organization name, the corporate/organization Federal Employer Identification Number (FEIN); your corporate/organization mailing address, telephone number and county.

NAME				FEDERAL EMPLOYER ID NO.	
ADDRESS		CITY	STATE	ZIP CODE	COUNTY
AREA CODE/TELEPHONE NUMBER					
(    )		EXT.			

### 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	
				(    )	

### 3. HOMEBREWER SPECIAL EVENT QUESTIONS

- a.** Are you offering samples of your product to the General Public? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_.  
If the answer is NO, then this license is not required. If the answer is YES, then you must comply with the sampling guidelines in 6-31 of the ILCC Liquor Control Act (235 ILCS 5/6-31):

**Sec. 6-31. Product Sampling**

(a) Retailer, distributor, importing distributor, manufacturer and nonresident dealer licensees may conduct product sampling for consumption at a licensed retail location. Up to 3 samples, consisting of no more than (i) 1/4 ounce of distilled spirits, (ii) one ounce of wine, or (iii) 2 ounces of beer may be served to a consumer in one day.

(b) Notwithstanding the provisions of subsection (a), an on-premises retail licensee may offer for sale and serve more than one drink per person for sampling purposes without violating paragraph (1) of subsection (b) of Section 6-28 or paragraph (6) of subsection (c) of Section 6-28 of this Act, provided the total quantity of the sampling package, regardless of the number of containers in which the alcoholic liquor is being served, does not exceed 1 ounce of distilled spirits, 4 ounces of wine, or 16 ounces of beer. In any event, all provisions of Section 6-28 shall apply to an on-premises retail licensee that conducts product sampling.

*(Source: P.A. 90-432, eff. 1-1-98; 90-626, eff. 1-1-99.)*

- b.** Are you offering samples of your product to the general public at a licensed liquor retailer location? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_.  
If the answer is NO, you can proceed to completing the rest of the application. If the answer is YES, we cannot issue a license to you at this time, as Homebrewers cannot do samplings at a location that currently holds a liquor license with the State of Illinois Liquor Control Commission.

### 3. HOMEBREWER SPECIAL 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. Is this your first state liquor license application? Yes \_\_\_ No \_\_\_
- B. If this is not your first state liquor license application, provide the business addresses for other past and present licensed locations on the lines provided (to the right):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. 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.
- D. Has the organization had any previous Special Event Retailer's Liquor License(s) suspended or revoked? Yes \_\_\_ No \_\_\_  
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
- E. Does the organization/applicant currently hold an Illinois Retailer, Manufacturer, or Distributor Liquor License(s)? Yes \_\_\_ No \_\_\_  
If "yes," please provide the Illinois liquor license number: \_\_\_\_\_

## 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