

Illinois Liquor Control  
Commission



JB Pritzker  
Governor

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TELEPHONE: 312 814-2206

300 W. JEFFERSON ST., SUITE 300  
SPRINGFIELD, ILLINOIS 62702  
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## APPLICATION FOR STATE OF ILLINOIS NON-BEVERAGE USER'S ALCOHOLIC LIQUOR LICENSE

**All new applicants can email completed applications and attachments to  
[LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov)**

**DEFINITION:** A non-beverage user's license shall allow the licensee to purchase alcoholic liquor from a licensed manufacturer or importing distributor, without the imposition of any tax upon the business of such licensed manufacturer or importing distributor as to such alcoholic liquor to be used by such licensee solely for the non-beverage purposes set forth in Section 8-1 of the Illinois Liquor Control Act, and such licenses shall be divided and classified and shall permit the purchase, possession and use of limited and stated quantities of alcoholic liquor.

<input type="checkbox"/>	CLASS 1.....Not to exceed .....	500 Gal. ....	\$24.00
<input type="checkbox"/>	CLASS 2.....Not to exceed .....	1,000 Gal. ....	\$60.00
<input type="checkbox"/>	CLASS 3.....Not to exceed .....	5,000 Gal. ....	\$120.00
<input type="checkbox"/>	CLASS 4.....Not to exceed .....	10,000 Gal. ....	\$240.00
<input type="checkbox"/>	CLASS 5.....Not to exceed .....	50,000 Gal. ....	\$600.00

### NO FEE

Hospitals, sanitariums or clinics, universities, colleges of learning or schools, (when the use of alcoholic liquor is strictly medicinal, mechanical, or scientific) and laboratories (when the use of alcoholic liquor is exclusively for the purpose of scientific research) are not required to pay a fee for a Non-beverage User's Alcoholic Liquor License.

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.



**A. CORPORATE/BUSINESS (DBA) INFORMATION (Cont'd)**

**8. PREVIOUS NON-BEVERAGE USER ALCOHOLIC LIQUOR LICENSE NUMBER (if applicable)**

NON-BEVERAGE LICENSE NUMBER

**9. STATE NATURE OF BUSINESS**

Enter the corporate entity type of business.

NATURE OF BUSINESS

**10. PURPOSE FOR WHICH ALCOHOLIC LIQUORS ARE TO BE USED**

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**11. 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	
	( )	

**B. OWNERSHIP INFORMATION**

For each owner/officer/partner/five percent shareholder, provide their full name, home address, city, state, ZIP code, Social Security number, date of birth, sex, title/position, home telephone number, and ownership percentage.

1.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION			AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

2.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION			AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

3.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION			AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

## B. OWNERSHIP INFORMATION (Cont'd)

Enter additional members/officers (if needed)

4.			NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

  

5.			NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

  

6.			NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
						( )		

### AFFIDAVIT

The above information is supplied for the purpose of inducing the Illinois Liquor Control Commission to issue a Non-beverage User's Alcoholic Liquor License to the applicant herein, and is true and correct, and made upon my personal knowledge and information. I further swear or affirm that 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.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTE:** If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign, or duly authorized corporate representative(s).