



Illinois Liquor Control Commission

Date Completed: _____

50 W. WASHINGTON ST., SUITE 209
CHICAGO, ILLINOIS 60602
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

Request to Cancel State of Illinois Liquor License

Name of Licensee (individual or business entity): _____

Address: _____

City: _____ State: _____ Zip Code: _____

License#: _____

Reason of Cancellation (Please check the appropriate request type):

- Business Sold
 Out of Business
 Re-Organization
 Other: _____

Date of Cancellation of State Liquor License: _____

Prior to canceling your State retail license, it is required that you cancel your local retail liquor license. Please indicate below the date you canceled your local retail liquor license.

Date of Cancellation of Local Liquor License: _____

The act of "Cancellation" terminates the State and the local license. Licenses will not be reactivated. To obtain another license at the same or a different location requires the filing of a new State and local application. Should you seek another license, you will have to determine whether a license is available by contacting the local liquor control commissioner. All new license application requirements will apply.

Please email completed form to: LCC.LICENSING@ILLINOIS.GOV

Completed by: _____
Internal Use Only