



50 W. WASHINGTON ST., SUITE 209
CHICAGO, ILLINOIS 60602
TELEPHONE: 312 814-2206
LCC.LICENSING@ILLINOIS.GOV

300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

APPLICATION FOR STATE OF ILLINOIS SPECIAL USE PERMIT LIQUOR LICENSE

The Illinois Liquor Control Commission is encouraging all special use applicants to apply online via **MyTax Illinois**. To avoid the \$25 fee for late applications, we strongly recommend submitting your application 14 days in advance. Once you have received local approval for your special event and your certificate of insurance for your upcoming special event, you then need to log into your **MyTax Illinois** account at mytax.illinois.gov. You can find the step-by-step instructions on our website www2.illinois.gov/ilcc.

If you have questions about the application process, or if you have trouble submitting your application, please contact LCC.Licensing@illinois.gov or you can call the ILCC office at (312) 814-2206 or (217) 782-2136 for additional assistance.

DEFINITION: The Special Use Permit Liquor License shall allow an Illinois licensed liquor retailer to transfer a portion of its alcoholic liquor inventory from its licensed retail premises to a designated site for a special event. **Note:** a Special Use Permit Liquor License must be obtained for **EACH** location and cannot exceed 15 days in duration.

ELIGIBILITY: **APPLICANT MUST ALREADY HOLD A STATE OF ILLINOIS RETAIL LIQUOR LICENSE.**

Local liquor licensing authority approval is required for this license.

Dram shop insurance to the maximum limit is required for this license.

FEE: \$150.00
(1 day only)

Fee is per event location. Event duration **CANNOT** exceed 15 days per application, and the application must be received at the Commission offices **AT LEAST** 14 days prior to the start of the event.

FEE: \$250.00
(2-15 days)

NOTE: Currently there is no limit on the number of days that an event can take place at a specific location, but it is important to note that 15 days is the maximum allowed per application. If your event exceeds 15 days, additional applications and fees must be submitted.

LATE FEE:
ADD \$25.00

Add a \$25.00 late fee to **EACH** application if you expect that the application will not be received at the Commission office at least 14 days **PRIOR** to the scheduled event start date. The Commission requires this lead time in order to schedule site inspections.

On the following pages, please PRINT OR TYPE the information requested in the spaces provided. The form must bear an original signature; no faxed or photocopied forms or rubber stamped signatures will be accepted.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

Application for State of Illinois Special Use Permit Liquor License

1. APPLICANT INFORMATION

Check this box if license and ILCC correspondence should be sent to this address.

Provide the information requested in the spaces below, including your current State of Illinois Retail Liquor License number, the corporate/organization name, the corporate/organization Federal Employer Identification Number (FEIN); your Illinois Department of Revenue Sales Tax Account ID; telephone number, and your corporate/organization mailing address and county.

STATE LIQUOR LICENSE NO.		NAME			
FEDERAL EMPLOYER ID NO.	ILLINOIS SALES TAX ACCOUNT ID	AREA CODE/TELEPHONE NO.			
		()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

2a. BUSINESS PREMISE INFORMATION

Check this box if license and ILCC correspondence should be sent to this address.

Write your "Doing Business As" (DBA) name, telephone number, address and county.

NAME/DOING BUSINESS AS (DBA)		AREA CODE/TELEPHONE NO.			
		()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

2b. CONTACT INFORMATION

Provide the requested contact information for your business. The contact person should be the responsible party we can contact 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. 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. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

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. 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.
- B. Has the organization had any previous liquor license suspended or revoked? Yes ___ No ___
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

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. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. **Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION.** *The Commission does not accept U.S. currency/cash as payment.*

9. LATE FILING FEE

If you expect that your application will not arrive at the Commission office within the required 14-day advance notice, submit an additional **\$25.00** late fee for EACH application. **If the late fee is not included, the application(s) will be rejected.**

10. 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. **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 FORE-GOING 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