

State of Illinois
LIQUOR CONTROL COMMISSION
NINETY DAY WAIVER APPLICATION

FEE: \$10.00 PER LOCATION

DISPLAY ORIGINAL FORM NEAR STATE LIQUOR LICENSE

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION: PLEASE NOTE: IF REQUEST INVOLVES MULTIPLE LIQUOR LICENSES, A SEPARATE APPLICATION FORM MUST BE SUBMITTED FOR EACH LICENSE. YOU MAY REPRODUCE THIS PAGE FOR ADDITIONAL APPLICATIONS.

DATE OF REQUEST		CORPORATE FEIN NUMBER	
STATE LIQUOR LICENSE NUMBER	DATE STATE LICENSE ISSUED	DATE OF STATE LICENSE EXPIRATION	
APPLICANT/CORPORATION NAME			
D/B/A			
PREMISE ADDRESS			
CITY	COUNTY	ZIP	
TELEPHONE (INCLUDE AREA CODE)			

CENTRAL BUSINESS LOCATION IN ILLINOIS WHERE INVOICES WILL BE KEPT:

NAME OF BUSINESS		
ADDRESS		
CITY	COUNTY	ZIP
CONTACT PERSON		TELEPHONE (INCLUDE AREA CODE)

I, the undersigned applicant or authorized agent thereof, swear or affirm the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the State of Illinois to issue the waiver herein applied for and the applicant is qualified and eligible to obtain the waiver applied for.

SIGNATURE OF AUTHORIZED AGENT	DATE
PRINT OR TYPE FULL NAME	TITLE

MAKE CHECK OR MONEY ORDER PAYABLE TO THE **ILLINOIS LIQUOR CONTROL COMMISSION**; RETURN CHECK AND COMPLETED FORM TO **100 WEST RANDOLPH, SUITE 7-801, CHICAGO, IL 60601, ATTN: INVESTIGATIONS - 90 DAY WAIVER**. PLEASE DO NOT SEND CASH.

FOR OFFICIAL USE ONLY:	
DATE RECEIVED	PROCESSING FEE
REVIEWED BY	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
IF APPLICATION DENIED, LIST THE REASON(S) FOR DENIAL:	
APPROVAL SIGNATURE	DATE APPROVED