



ILLINOIS LIQUOR CONTROL COMMISSION

FOR IMMEDIATE RELEASE

October 23, 2023

CONTACT:

Nicole.Sanders2@illinois.gov
312-814-4459

ILCC is Launching Online Applications for New 1A Retailer Licenses and Appointments Only Program for In-Person Licensing Customers

Liquor Licensing Modernization Updates Will Improve Customer Service and Save Customers Time

The Illinois Liquor Control Commission (ILCC) is announcing the rollout of a new, streamlined online application option for new 1A retailer licenses and the launch of the Appointments Only program for in-person liquor license services. Both will begin today October 23, 2023.

Online Applications for New 1A Retailer Licenses

Currently, existing 1A retailer licensees, which include bars, restaurants, and packaged goods stores, can renew their licenses online via their MyTax Illinois account. We have upgraded our application process to give new 1A retail applicants the option to submit their license applications online starting today, October 23, 2023. Applications can be completed and submitted online via MyTax.illinois.gov. This upgrade will make the new retailer application process more efficient for our licensees. MyTax Illinois is the quickest and easiest way to apply for a liquor license.

The beginning of online applications for new 1A retailer license applicants will improve ILCC licensing services and make online applications available for all 1A retailer license customers. Customers can visit the ILCC's [\[Licensing Webpage\]](#) to submit a 1A retailer license application online. For login assistance or other questions about MyTax Illinois, please contact Rev.MyTaxHelp@illinois.gov or call 1-800-732-8866.

Appointments Only In-Person Licensing Services

Under the new Appointments Only program, appointments will be required for all customers seeking in-person licensing assistance at the ILCC's Springfield and Chicago offices. The Appointments Only program will improve customer service and eliminate the unpredictability of wait times at the ILCC's offices. Licensing appointments will open today, October 23, 2023, and can be booked on the ILCC's [\[Licensing Appointments\]](#) webpage. Customers can choose the type of licensing services they need and a time and date for their appointment.

"As public servants, we understand the importance of providing good customer service. As such, our goal is to minimize wait time for office visits. The appointment requirement is just one way to ensure

Chicago Office
50 West Washington Street
Suite 209 Chicago, IL 60602
(312) 814 - 2206

Springfield Office
300 West Jefferson Street
Suite 300, Springfield, IL 62702
(217) 782 -2136

our licensees receive assistance that is helpful and personable," said Illinois Liquor Control Commission Executive Director Lisa Gardner.

The ILCC encourages all licensees to [renew their liquor licenses online](#) for no wait times and immediate processing.

For questions regarding the online license application process, or for assistance submitting an online renewal application, please contact the ILCC via email at LCC.Licensing@illinois.gov, or via telephone at 312-814-2206 or 217-782-2136.

About the Illinois Liquor Control Commission

The Illinois Liquor Control Commission's mission is to protect the health, safety, and welfare of the people of Illinois through careful control and regulation of the manufacture, distribution, and sale of alcoholic liquors. The ILCC accomplishes its mission through the development of strategies to reduce youth access to alcohol products and by providing training and education to promote responsible beverage service.

To learn more about the ILCC and its divisions, visit www.ILCC.Illinois.gov. To submit a tip or complaint to the ILCC's Enforcement Division, click [here](#).

Follow the Illinois Liquor Control Commission on [social media](#).

HOW TO SUBMIT A NEW RETAILERS APPLICATION VIA MYTAX

Click here: [https://mytax.illinois.gov/ /](https://mytax.illinois.gov/)

MyTax Illinois

Username

Password

Log in

Forgot username or password?

Don't Have a Logon? Register Here

Sign Up

Search our online services

Authentication App
Use an authentication app, such as Google Authenticator, to get security codes.
Set Up

Email
Receive security codes by email.
Add Email

Cancel Confirm

Enter your MyTax log in and password

You will have to select a two-step verification once you have successfully logged into your account.

If you do the App, you will need to retrieve the code to proceed.

If you select the email, this email will need to be available to proceed.

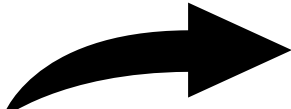
ILCC TEST RETAILER INC

95-1357486

50 W WASHINGTON ST
CHICAGO IL 60602-1303

[Action Center](#) [Settings](#) [More...](#)

✔ There are no actions requiring your attention.



ILCC TEST RETAILER INC

95-1357486

50 W WASHINGTON ST
CHICAGO IL 60602-1303

[Action Center](#) [Settings](#) [More...](#)

🔍 *What are you looking for?*

📄 Submissions

Search for a submitted request.

> [Search Submissions](#)

💬 Messages

View messages I've received from the agency.

> [View Messages](#)

✉ Letters

View letters I've received from the agency.

> [View Letters](#)

💰 Payments & Returns

Manage payments and returns for accounts of this customer.

- > [Manage Payments & Returns](#)
- > [Set up a Payment Installment Plan with IDOR](#)

👤 Names & Addresses

View or update names and addresses associated to this customer.

- > [Manage Names & Addresses](#)
- > [Respond to an Address Verification Inquiry](#)

🛡 Access

Manage access of accounts I have access to.

- > [Add Access to an Existing Tax Account](#)
- > [View Access](#)
- > [Manage Access](#)

ℹ Registration Information

Update information about your customer profile.

- > [Update Contacts](#)
- > [Update Owners/Officers](#)
- > [Register for New Tax Accounts](#)
- > [Reopen Closed Accounts](#)

📄 ILCC

Manage applications for new state liquor licenses with the Illinois Liquor Control Commission (ILCC).

- > [Apply for a New Retailer Liquor License](#)
- > [Amend a New Retailer Liquor License Application](#)

👤 Miscellaneous

Miscellaneous options

- > [Respond to a Levy](#)



Once you have selected MORE....

Locate the ILCC box –
Select Apply for a New Retailer
Liquor License

Retailer Liquor License Information

By completing this application online, you are agreeing to pay the Liquor License fee (\$750.00) via ACH Bank Account Debit.

A Retailer Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form. All applicants for licensing as a liquor retailer must complete this application, respond to all questions, and furnish all required supporting documents. Failure to do so may result in the rejection of the application and non-issuance of a state liquor license.

Required Documents

Have these items readily available to attach when required

1. Photocopy of current Local Liquor License issued by local municipality.
2. Photocopy of Certificate of Insurance (not the Policy Declaration) if alcohol will be consumed on the premises.
3. Rights to Property - You must present proof that the applicant (e.g. corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g. deed or lease).
4. Proof of Purchase (Bill of Sale) - If the applicant purchased any personal property (e.g. equipment, supplies, liquor inventory) from the prior business at this premise location, then the applicant will need to include a copy of the official bill of sale and a list of liquor inventory that was purchased from the prior business. Note: The closing on the purchase of the business must occur prior to applying for your state license.

You will need to:

- a. Confirm FEIN#
- b. Enter your DBA Name
- c. Select Status of Business
- d. Enter Sales Tax Account #
- e. SOS File Number, if applicable
- f. Enter Required Date

Government
Illinois Corporation
Limited Liability Company
Limited Liability Partnership
Limited Partnership
Not-For-Profit
Partnership
Receivership
Sole Proprietorship

Licensee Information

FEIN	Confirm your FEIN *
_*7486	Required a.
Legal Name	
ILCC TEST RETAILER INC	
Doing Business As (DBA) *	
Required b.	
Status of Business *	Illinois Sales Tax Account Number *
Required c.	Required d.
IL Secretary of State File Number	Date of Incorporation
e.	f.
State of Incorporation	Date Qualified to do Business in Illinois
Date of Formation	Date filed with County Clerk

Business Contact

This contact person should be the responsible party we can contact and who can answer questions on behalf of the business.

First Name	Last Name
CONTACT FIRST NAME	CONTACT LAST NAME
Email Address	
EMAILADDRESS@DOMAIN.COM	
Contact Phone Type	Country
Cell Phone	USA
Phone Number	Ext.
(123)-456-7890	
Business Phone Number	Ext.
(987)-654-3210	

Cancel

Save Draft

< Previous

Next >



Please enter the information pertaining to the business location
(This information must match what is listed on the LOCAL LICENSE)

Retailer Liquor License

Licensee Address

Business Address [Help](#)

Country
USA

Street *
Required

Street 2

Unit Type Unit

City *
Required

County *
Required

State
ILLINOIS

Zip Code *
Required

Verify Address

Did the applicant purchase any personal property (e.g. equipment, supplies, liquor inventory, etc.) *
from the prior business at this premise location?

Yes	No
-----	----

If yes, please include a copy of your official bill of sale and a list of liquor inventory that was purchased from the prior business.

If there is an existing state liquor license on the premises, you will need to provide a copy of the bill of sale for the business and any inventory (Brand Name, Bottle Size & Quantity) purchased.

If there was no purchase from prior licensee, select NO.

Did the applicant purchase any personal property (e.g. equipment, supplies, liquor inventory, etc.) from the prior business at this premise location?

Yes	No
-----	----

If yes, please include a copy of your official bill of sale and a list of liquor inventory that was purchased from the prior business.

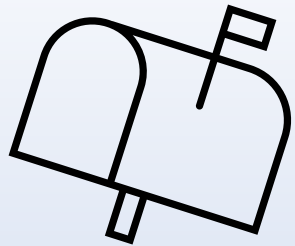
Attach Bill of Sale

Did the applicant purchase any personal property (e.g. equipment, supplies, liquor inventory, etc.) from the prior business at this premise location?

Yes	No
-----	----

If yes, please include a copy of your official bill of sale and a list of liquor inventory that was purchased from the prior business.

Where do you want LCC Correspondences Sent?



Mail to business address, make sure NO is selected

Mailing Address

Is your mailing address different than your physical/business location?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

By entering a different mailing address below, you are certifying that all ILCC correspondence should be sent to this mailing address instead of the business address.

Country
USA

Street
MAILING ADDRESS IF DIFFERENT FROM THE BUSINESS

Street 2

Unit Type	Unit

City CITY	County * Required
--------------	----------------------

State ILLINOIS	Zip * Required
-------------------	-------------------

Verify Address Verify the address before continuing. *

[< Previous](#) [Next >](#)

Mailing Address

Is your mailing address different than your physical/business location?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

By entering a different mailing address below, you are certifying that all ILCC correspondence should be sent to this mailing address instead of the business address.

Country
USA

Street

Street 2

Unit Type	Unit

City	County
------	--------

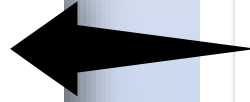
State ILLINOIS	Zip
-------------------	-----

Verify Address

Property Information

Select the type:

- Leased from the landlord
- Managed via a management or operating agreement
- Other



Proof of Purchase (e.g., bill of sale, closing statement, lease, recorded deed)

IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property.

Retailer Liquor License

Progress bar: Licensee (checked), Address (checked), Property (current step)

Property Information

IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g. deed or lease). If owned, the licensee and property owner must be the same. If leased, the lease term must be for a minimum of one year.

Rights to the property: I hereby certify that the property is *

Required

Attach copy of deed	Attach copy of lease	Attach management or operating agreement
----------------------------	-----------------------------	---

Landlord/Operator/Property Manager Contact

Email Address

Phone Number Country: USA

Phone Number

Ext.

Address Country: USA

Street Address

Street Address 2

Unit Type

Unit

City

County

State: ILLINOIS

Zip Code

Buttons: Cancel, Save Draft, Previous, Next

Note: The closing on the purchase of the business must occur prior to applying for your state license

Ownership Information

Retailer Liquor License



Ownership Information

Provide the owner/officer/partner information in accordance with the business status described in this application. This information is required for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than the five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders). Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest.

All not-for-profit organizations and associates must provide the requested information for all corporate officers, directors, and managers.

Owners, Officers, and Members [Help](#)

Name	Title	SSN	Foreign	% Owned	Ethnicity	Effective Date
+ Add Individual						
+ Add Individual						

Corporate Entity Owners [Help](#)

Name	Title	FEIN	Foreign	% Owned	Effective Date
+ Add Entity					
+ Add Entity					

SUMMARY

At least one owner or officer is required.

Total Percentage of all stock owned by all persons with less than 5% interest not listed above
0.00

Total Ownership Percentage
0.00

Provide the owner/officer/partner information.

- This information must be submitted for all owners/officers/partners. This information must be consistent with the owner/officers/partners listed under your Sale Tax Account with IDOR.
- The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer, director, shareholder, corporate entity and/or manager or agent conducting the business owning in the aggregate stock equal to or more than five percent.
- Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest.

Cancel Save Draft

< Previous Next >

Ownership Information Continued...

If the ownership consists of Corporate Entity Owners or Trust, you will be required to attach an Organization chart.

Select a file to attach

Type
Owners Organizational Chart

Description
OrgChart

File
 ORGANIZATIONAL CHART.docx

Ownership Information

Provide the owner/officer/partner information in accordance with the business status described in this application. This information is required for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than the five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders). Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest.

All not-for-profit organizations and associates must provide the requested information for all corporate officers, directors, and managers.

Owners, Officers, and Members

Name	Title	SSN	Foreign	% Owned	Ethnicity	Effective Date
DOE, JANE	OFFICER	***-**-0110	<input type="checkbox"/>	50.00	White, not of Hispanic ori	10/17/2023

[+ Add Individual](#)

[+ Add Individual](#)

Corporate Entity Owners

Please attach an organizational listing the ownership structure for this entity.

Name	Title	FEIN	Foreign	% Owned	Effective Date
JDOE PRODUCTION LLC	SHAREHOLDER	**-***1222	<input type="checkbox"/>	50.00	10/17/2023

[+ Add Entity](#)

[+ Add Entity](#)

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business location.

Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued.



Retailer Liquor License



Liquor License

Attach copy of local liquor license

Your local license must contain the expiration date, issue date, and premise address.

Type of Business *

Required

Specify other type of business

Type of Liquor License *

Required

Municipality of Local Liquor License *

Required

Required

- OFF-PREMISES CONSUMPTION (CARRY-OUT PURCHASES ONLY)
- ON/OFF-PREMISES CONSUMPTION COMBINATION (BOTH ON-PREMISE CONSUMPTION AND CARRY-OUTS)
- ON-PREMISES CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)

Date Issued *

Required

Date to Begin Liquor Sales *

Expiration Date *

Required

Required

Do you currently hold retail liquor licenses in another state? *

Yes

No

Cancel

Save Draft

< Previous

Next >

- Drug Store/Pharmacy
- Restaurant
- Convenience Store
- Supermarket
- Liquor Store
- Department Store
- Bar/Tavern
- Hotel/Motel
- Gas Station & Convenience Store
- Small Grocery
- Golf Course
- Bed and Breakfast
- Bakery/Coffee Shop
- Video Gaming Establishment
- Music Venue
- Amusement Park
- Beauty Salon
- Casino
- Retirement Center
- Other

If you selected On Premise or Combined Consumption of Alcohol, you must include the Certificate of Liability Insurance.

Policy Declarations or the complete packet from the Insurance Company ARE NOT accepted.

Attach copy of certificate of insurance

A copy of your Certificate of Insurance (not the policy declarations) is required, since you have indicated that alcohol is consumed on the premises. The Certificate of Insurance must show that you have liquor liability insurance and must include the following:

- The applicant named as the insured (e.g., if the applicant is a corporation, then the corporation's name must be listed. If the applicant is a sole proprietor, then the sole proprietor's name must be listed)
- The address of the location where the liquor is being consumed
- The dates of coverage and the coverage limits

Insurance Provider	Coverage
PRODUCER NAME	1,000,000.00
Effective Date	Expiration Date
10/10/2023	10/10/2024
Policy Number	Phone Number
123456	(555)-555-5555
Do you currently hold retail liquor licenses in another state?	
Yes	No



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PRODUCER NAME PRODUCER ADDRESS CITY, STATE ZIP	CONTACT NAME PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

Applicant named as the insured (MUST MATCH APPLICATION)
Applicant address (mailing or business)
City State Zip

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO OWNERS AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> NON-SCHEDULED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A IF YES, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			POLICY NUMBER REQUIRED	10/10/2023	10/10/2024	CSL 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
IF THE ADDRESS IN INSURED BOX IS THE MAILING ADDRESS, INSERT BUSINESS ADDRESS HERE

CERTIFICATE HOLDER	CANCELLATION
Illinois Liquor Control Commission 101 West Jefferson Street Springfield, IL 62702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

To make sure you have enough Liquor Liability coverage, please visit: [Dram Shop Liability Limits](#)

Business Hours

	Open	to	Close
Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

Retailer Liquor License



Hours of Operation

These times must be the actual operating hours for this business as authorized by the local municipality (or county if in an unincorporated area).

I certify, under penalty of perjury, that the licensed premises will only be open for scheduled events. Copy Monday to All Days

Monday Opening *	*	Monday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Tuesday Opening *	*	Tuesday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Wednesday Opening *	*	Wednesday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Thursday Opening *	*	Thursday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Friday Opening *	*	Friday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Saturday Opening *	*	Saturday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>
Sunday Opening *	*	Sunday Closing *	*
Required	A.M. P.M.	Required	A.M. P.M. Closed <input checked="" type="checkbox"/>

Retailer Liquor License

Property Owner(s) License Operating Hours Questions Payment

Payment Information

NSF DISCLAIMER: You are certifying that any payments made by any personal or company account to the Illinois Liquor Control Commission (ILCC) will not be dishonored for any reason. If your personal or business payment is dishonored by a bank, understand that the ILCC could issue a citation, which could result in the imposition of a fine equal to the amount of the dishonored check. The matter will be settled if the licensee pays to ILCC both the amount of the check AND the amount of the fine.

* I hereby certify this payment will not be dishonored for any reason.

Note: This payment will NOT occur until after your license application has been approved.

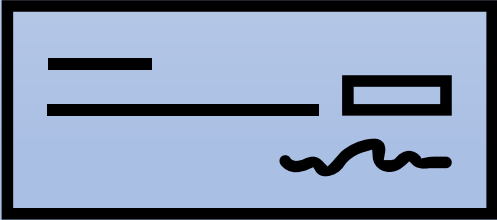
Cancel Save Draft < Previous Next >

Payment can only be made by ACH Debit.

We do not accept Credit Cards for new license payment.



You must certify that the payment will not be dishonored for any reason before proceeding to Payment Channel.



Payment Channel	Payment
Type Direct Debit	Payment Date 10/17/2023
Bank Account Type Business Checking	Amount 750.00
Routing Number 231385604	Confirm Amount 750.00
Bank Name PAGODA FEDERAL CREDIT UNION	
Account Number 123456	
Confirm Account Number 123456	
Save this payment channel for future use <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Use default name <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Name PAGODA FEDERAL CREDIT UNION - *3456	

Application Summary

Please review your application information before submitting. If you need to make any changes, click "Back" to return to any previous step.

Legal Name: ILCC TEST RETAILER INC

Doing Business As: RETAILER TESTING APPLICATION

Type of Business: Video Gaming

License Type: COMBINED

Business Location Address: 50 W WASHINGTON ST CHICAGO IL 60602-1305

Local License: 123456 (Chicago)

Issued Date: Oct-01-2023

Expiration Date: Oct-31-2024

Contact Name: JANE DOE

Contact Phone: (123)-456-7890

Contact Email: JAN.DOE@EMAIL.COM

Attachments

[Add](#)

Type	Name	Description	Size	
Certificate of Ins	Certificate of In	INSURANCE	12	Remove
Copy of Propert	LEASE.docx	LEASE	11	Remove
Local Liquor Lice	Local License.dc	Local License	12	Remove
Owners Organiz	ORGANIZATION	OrgChart	12	Remove

Forget to add something that may be needed to approve your license application?

E-Signature

Please sign and date the application and provide your title with the organization. The application must be signed by an owner, an officer, or partner. Note: If the person signing this application is not listed in the Owners step of this application, they must provide personal information even if they do not own five percent or more of the business.

I, the undersigned applicant or authorized agent thereof, swear or affirm under penalty of law that: the matters stated in the foregoing application 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. I certify under penalty of law that the information in this application is true and correct to the best of my knowledge and belief. I understand that, by checking "I Agree," I permanently affix my signature pursuant to the Electronic Commerce Security Act, 5 ILCS 175/1-101 through 99-1.

I Agree

Signing Applicant Name *

Required



Title/Position *

Required

Date

10/17/2023

E-Signature

Please sign and date the application and provide your title with the organization. The application must be signed by an owner, an officer, or partner. Note: If the person signing this application is not listed in the Owners step of this application, they must provide personal information even if they do not own five percent or more of the business.

I, the undersigned applicant or authorized agent thereof, swear or affirm under penalty of law that: the matters stated in the foregoing application 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. I certify under penalty of law that the information in this application is true and correct to the best of my knowledge and belief. I understand that, by checking "I Agree," I permanently affix my signature pursuant to the Electronic Commerce Security Act, 5 ILCS 175/1-101 through 99-1.

* I Agree

Signing Applicant Name *

Required

Title/Position *

Date

Required

10/17/2023

Confirmation

Submit This Application?

DISCLAIMER: PLEASE NOTE THAT IT MAY TAKE THE ILLINOIS LIQUOR CONTROL COMMISSION APPROXIMATELY 1-10 BUSINESS DAYS TO REVIEW YOUR RETAILER LIQUOR LICENSE APPLICATION AND THEN AN ADDITIONAL 3-10 BUSINESS DAYS FOR THE PAYMENT TO PROCESS IF APPROVED. PLEASE ENSURE SUFFICIENT FUNDS ARE AVAILABLE.

Under penalties of perjury, I state that I have examined this request and, to the best of my knowledge, it is true, correct, and complete.

You are required to re-enter your password to verify this request. Your password will act as your signature.

Password *

Required

Required

Confirmation

You have successfully submitted your Retailer Liquor License Application. After your request has been fully transferred to the Liquor Control Commission, you may view your request at any time from the Submissions section on your web logon. Please note that it may take approximately 1-10 business days to review the application and then an additional 3-10 business days for the payment to process if approved. Please ensure sufficient funds are available.

Your confirmation number is **0-804-421-632**.

Request submitted on: 10/17/2023 10:34:21 AM (Central Time)
Request type: Retailer Liquor License Application

Details of your request:

Business FEIN: 951357486

DBA: RETAILER TESTING APPLICATION

Location Address: 50 W WASHINGTON ST CHICAGO IL 60602-1305

You may print this page for your records. This confirmation screen will not be accessible once you navigate away from this page. However, a record of your request will remain available in your account.

Printable Confirmation

OK