

# Illinois Liquor Control Commission

## APPLICATION FOR CHANGE OF HOURS OF OPERATION



I am the owner of an alcohol beverage business located at the address listed below. I have changed the hours of operation as indicated:

State Liquor License Number: \_\_\_\_\_

Licensee NAME: \_\_\_\_\_

Business NAME: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / Zip Code: \_\_\_\_\_

Contact Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
*(In case of emergency)*

	MON	TUES	WED	THURS	FRI	SAT	SUN
OPEN:							
CLOSE:							

The hours listed above represent the times during each business day when my business is actually open and available for inspection by the Commission's Field Agents. These hours may differ from the hours of operation permitted by the local authorities.

**If your business is open only for special events or private functions, or is only open late at night or on weekends, then you are to write in the name and phone number of a person that can be called to schedule an appointment for inspection.**

I, the undersigned applicant or authorized agent thereof, swear or affirm that 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 update my license file information.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

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

*Please mail or fax this form to either of the offices listed below:*

Illinois Liquor Control Commission  
 Attn: Licensing Division  
 101 W. Jefferson St., MC-3-525  
 Springfield, IL 62702  
 FAX # 217-524-1911

Illinois Liquor Control Commission  
 Attn: Licensing Division  
 100 W. Randolph, Suite 7-801  
 Chicago, IL 60601  
 FAX # 312-814-2241