

**Illinois Liquor Control
Commission**



**Pat Quinn
Governor**

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LICENSING DIVISION

** FOR OFFICIAL USE ONLY **

DELINQUENCY AFFIDAVIT

NEW LICENSE NO.

DATE ISSUED

TYPE OR PRINT INFORMATION

APPLICANT'S NAME (Individual or Corporation)		
BUSINESS NAME (DBA)		BUSINESS PHONE
BUSINESS STREET ADDRESS		
CITY	STATE	ZIP
EXPIRED LICENSE NUMBER		EXPIRATION DATE OF OLD LICENSE
REASON(S) FOR NOT RENEWING ON TIME:		
<p><i>I, the applicant, for the above named license, hereby acknowledge my delinquency as indicated on my current application and further state that I was selling and/or offering for sale alcoholic beverages without the benefit of a license from _____ to _____.</i></p>		
PRINT FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE