

Illinois Liquor Control Commission
Application for Change of Business Name, Corporate Name, Address,
IBT#, Business Type, or Special Event Information

Duplicate License Fee	\$12.00
Duplicate License Fee for License <u>Over \$200</u>	\$24.00

I am the owner of an alcohol beverage business located at the address listed below. I have changed the name, corporate name, the address of my business, IBT (sales tax number), business type or my special event information as indicated.

CURRENT BUSINESS INFORMATION

Current State of Illinois Liquor License Number _____

Current Applicant or Corporate Name _____

Currently Doing Business As (DBA) _____

Current IBT# (Sales Tax number) _____

Retail Type (Check one) ON PREMISE OFF PREMISE COMBINED

OLD Event Dates & Times _____

Premise Address _____

City/State/Zip Code _____

NEW BUSINESS INFORMATION

State of Illinois Liquor License Number _____

Applicant or Corporate Name _____

Doing Business As (DBA) _____

IBT# (Sales Tax number) _____

Retail Type (Check one) ON PREMISE OFF PREMISE COMBINED

NEW Event Date, Time or Location _____

Premise Address _____

City/State/Zip Code _____

I, 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 issue the duplicate license applied for and that the applicant is qualified and eligible to obtain the license applied for. Further, if I am a licensed Illinois Liquor Retailer, I have received local licensing authority approval prior to submitting this application.

Signature of Applicant: _____

If you are **changing the corporate name**, you must submit the following with your application and fee:

1. A copy of your Certificate of Registration from the Illinois Department of Revenue with the corrected Corporate Name
2. A copy of your Articles of Amendment from the Secretary of State's office
3. A copy of your local license with the corrected corporate name
4. A copy of your State of Illinois Liquor License

If you are **changing the DBA name**, you must submit the following with your application and fee:

1. A copy of your local license with the corrected DBA name
2. A copy of your State of Illinois Liquor License

If you are **changing your IBT# (sales tax number)**, you must submit the following with your application and fee:

1. A copy of your Certificate of Registration from the Illinois Department of Revenue with the corrected number
2. A copy of an official document from Internal Revenue Service with your FEIN#
3. A copy of your State of Illinois Liquor License

****Please note that if your FEIN# is changing due to the change of the IBT#, you must apply as new using the Retailers Application.**

If you are **changing the premise address**, you must submit the following with your application and fee:

1. A copy of you local license with the correct address
2. A copy of your State of Illinois Liquor License

If you are **changing the Type of Liquor License**, you must submit the following with your application and fee:

1. A letter from the local stating whether the business is on premise, off premise or combined
2. A copy of your State of Illinois Liquor License

Note: The type describes the manner in which you sell alcoholic beverages to consumers.

"On-Premise" – (patrons consumer alcoholic beverages on premise only)

"Off-Premise" – (carry-out purchases only)

"Combined" – (both on-premise consumption and carry-outs)

If you are **changing the original special event date, location &/or time**, you must submit the following with your application and fee:

1. A new local license with the change of date, location &/or time
2. A new Certificate of insurance with the corrected with the updated date, location &/or times

Please submit your application, fee and the necessary documentation to one of the following addresses:

Illinois Liquor Control Commission
100 W Randolph St. Suite 7-801
Chicago, IL 60601
312/814-2206

or

Illinois Liquor Control Commission
101 W Jefferson 3-525
Springfield, IL 62704
217/782-2136