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CHICAGO, ILLINOIS 60602
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LCC.LICENSING@ILLINOIS.GOV

300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

**APPLICATION FOR CHANGE OF BUSINESS NAME,
CORPORATE NAME, ADDRESS, IBT#, BUSINESS
TYPE, OR SPECIAL EVENT INFORMATION**

Email completed application, supporting documents, and a copy of payment to LCC.Licensing@illinois.gov

Payments shall be made by check or money order through the mail within 3-7 business days to either office location.

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 #:

Current Applicant or Corporate Name:

Currently Doing Business As (DBA):

Current IBT# (Sales Tax #):

OLD Event Dates & Times:

Premise Address:

City/State/ZIP Code:

NEW BUSINESS INFORMATION

State of Illinois Liquor License #:

Applicant or Corporate Name:

Doing Business As (DBA):

IBT# (Sales Tax #):

NEW Event Date, Time or Location:

Premise Address:

City/State/Zip Code:

ON PREMISE OFF PREMISE COMBINED

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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: _____

Duplicate License Fee

\$12.00

Duplicate License Fee for License Over \$200

\$24.00

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

1. A copy of the Articles of Amendment from the Secretary of State's office
2. A copy of the local license with the new Corporate name
3. A copy of the Certificate of Insurance with the new Corporate name
4. A copy of the 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 the local license with the corrected DBA name
2. A copy of the 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 the Certificate of Registration from the Illinois Department of Revenue with the corrected number
2. A copy of the IRS SS-4 showing your FEIN# **
3. A copy of the 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 the local license with the correct address
2. A copy of the Certificate of Insurance
3. Rights to the property. (Example: Lease, Recorded Deed, Bill of Sale)

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 the Local License
3. For "On-Premise" and "Combined" licenses ONLY*: Copy of the Certificate of Insurance (make sure the business address & liquor liability are listed)

****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
50 W Washington St. Suite 209
Chicago, IL 60602
(312)814-2206**

or

**Illinois Liquor Control Commission
300 W Jefferson Suite 300
Springfield, IL 62702
(217)782-2136**