

**Illinois Liquor Control  
Commission**



**JB Pritzker  
Governor**

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**APPLICATION FOR STATE OF ILLINOIS  
SPECIAL EVENT RETAILER'S LIQUOR LICENSE (NOT-FOR-PROFIT)**

**DEFINITION:** A Special Event Retailer's License (Not-for-Profit) shall permit the licensee to purchase alcoholic liquors from an Illinois licensed distributor (unless the licensee purchases less than \$500 of alcoholic liquors for the special event, in which case the licensee may purchase the alcoholic liquors from a licensed retailer), and shall allow the licensee to sell and offer for sale, at retail, alcoholic liquors for use or consumption, but not for resale in any form, and only at the location and on the specific date(s) designated for the special event on the license. An "event" can be defined as a single theme. A Special Event Retailer's License **must** be obtained for each single theme per location with a maximum duration of 15 days. All not-for-profit corporations are required to secure a license for each 15-day increment and each special "event".

**ELIGIBILITY:** The Special Event Retailer's License (Not-for-Profit) application form is to be used only for events conducted by an educational, fraternal, political, civic, religious or not-for-profit organization. **DO NOT** use this form if you have a current Illinois Retailer's Liquor License (see Special Use Permit License instructions).

**Local liquor licensing authority approval is required for this license.**

**Dram shop insurance to the maximum limit is required for this license.**

**FEE: \$25.00** A \$25.00 per application fee is due if the event is: 1) a single theme; 2) at the same location for not more than 15 days from start to finish; and 3) application is received at least 14 days in advance of the start date of the event. (Note: Lead time is required in order to schedule site inspections).

**LATE FEE:  
ADD \$25.00** Add a \$25.00 late fee to **EACH** application if you expect that the application will not be received at the Commission office at least 14 days **PRIOR** to the scheduled event start date. The Commission requires this lead time in order to schedule site inspections.

**Note: "FOR-PROFIT" ORGANIZATIONS WHICH CURRENTLY DO NOT HOLD A STATE LIQUOR LICENSE** and wish to hold a special event will be required to obtain a standard Retailer's Liquor License for \$750.00 that covers the date(s) of the special event. This is the only way you will be able to purchase alcoholic beverages from a distributor. You will need to fill out the standard IL-567-0015, Retailer's Liquor License application form.

**PRIVATE PARTY** is an event where attendance is by invitation only, the host controls access to the premises, and alcoholic beverages are provided to invited guests at no charge. A Special Event Liquor License is not required for a private party.

On the following pages, please **PRINT OR TYPE** the information requested in the spaces provided. The form must bear an original signature; no faxed or photocopied forms or rubber stamped signatures will be accepted.

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE.

**FOR OFFICE  
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

**Application for State of Illinois Special Event Retailer's Liquor License**

**1. APPLICANT INFORMATION**

Provide the information requested in the spaces below, including the corporate/organization name, Federal Employer Identification Number (FEIN); corporate/organization mailing address; county and telephone number.

**1a.**

NAME				FEDERAL EMPLOYER ID NO.	
ADDRESS		CITY	STATE	ZIP CODE	COUNTY
AREA CODE/TELEPHONE NO.					
(    )					

**1b. CONTACT INFORMATION**

Provide the requested contact information for your business. The contact person should be the responsible party we can contact who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
	(    )	(    )
EMAIL ADDRESS		FAX NUMBER
		(    )

**2. CERTIFICATION**

Public Act 90-596 was enacted to ensure that special event holders pay all required sales taxes if they hold more than two special events during a calendar year or if they are not a valid "not-for-profit" organization. Applicants for Special Event Retailer Not-for-profit Liquor licenses must now certify that both of the following conditions apply to this particular special event. Please check the boxes that apply. If either box is left unchecked, the Commission will issue this license as "NON-CERTIFIED" which may require the organization to pay sales taxes on the gross receipts from all sales of food and beverages at the event. The certifying officer must be listed under Section 5 of the application, having provided all required identifying information. Should you have any questions regarding sales tax liability or sales tax registration information, please call the Department of Revenue Toll Free Hotline at 1 800 732-8866.

- I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license is a valid "not-for-profit" entity which holds either a resale number [a resale sales tax number] issued under Section 2(c) of the Retailers' Occupation Tax Act; a sales tax registration [a sales tax number] under Section 2(a) of the Retailers' Occupation Tax Act; or a current, valid exemption identification number [a tax-exempt "E" number] issued under Section 1(g) of the Retailers' Occupation Tax Act.
- I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license has held no more than two such special events during the current calendar year (January 1 - December 31). This special event must be included in your calculation.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT	TITLE/POSITION	DATE

### 3. STATUS OF ORGANIZATION

Check appropriate box and provide sales tax exemption details.

- A.  Educational
- B.  Fraternal
- C.  Political
- D.  Civic
- E.  Religious
- F.  Other Not-For-Profit

Date of Incorporation: \_\_\_\_\_

Or attach an Illinois Department of Revenue Sales Tax Exemption Letter (specify) \_\_\_\_\_

### 4. SPECIAL EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time (e.g., "0200" = 2AM, "1200" = noon, "2400" = midnight).
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event. **Note: Only one location is allowed per application.**
- Provide the name/type of the event (e.g., neighborhood festival, Oktoberfest, fish fry, tasting/sampling, etc.).
- Determine the total number of event themes/types for which approval is requested. Use a separate application for each event theme/type.
- Determine the total number of days and locations covered by the event. For example, if your event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM ( AM/PM )	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)	EVENT TIME: TIME TO ( AM/PM )	LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP	EVENT THEME: TYPE OF EVENT

### 5. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of Page 4 **MUST** be listed in this section.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				(   )		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				(   )		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED
				(   )		

**6. PRIOR LIQUOR LICENSE INFORMATION**

- A. Is this your first state liquor license application? Yes \_\_\_ No \_\_\_
- B. If this is not your first state liquor license application, provide the date of your first filing: \_\_\_\_\_
- C. Has the organization ever applied for and been denied a liquor license? Yes \_\_\_ No \_\_\_  
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.
- D. Has the organization had any previous Special Event Retailer's Liquor License(s) suspended or revoked? Yes \_\_\_ No \_\_\_  
If "yes," provide a complete written explanation of the circumstances on a separate sheet of paper.

**7. LOCAL AUTHORITY APPROVAL**

**You MUST submit proof of local authority approval for your event.** Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the county will need to provide the approval. If the event is taking place on state or federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission. If stamps/seals are not applicable, **attach** a photocopy of the approval letter or certificate.

**ATTACH:**  
**LOCAL AUTHORITY APPROVAL**  
(IF MISSING, APPLICATION WILL BE REJECTED)

**OR**

**Local Liquor  
Commissioner's  
Event Approval  
Stamp Here  
( if applicable )**

**8. DRAM SHOP INSURANCE**

**You MUST submit proof that Dram Shop insurance to the maximum limit has been secured for this event.** Attach a photocopy of the insurance rider to this application. Remember, it must cover the **location** where the special event is being held and the coverage **must** coincide with the dates of the event.

**ATTACH:**  
**DRAM SHOP INSURANCE RIDER**  
(IF MISSING, APPLICATION WILL BE REJECTED)

**9. PAYMENT**

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION. The Commission does not accept U.S. currency/cash as payment.

**10. LATE FILING FEE**

If you expect that your application will not arrive at the Commission office within the required 14-day advance notice, submit an additional **\$25.00** late fee for EACH application. **If the late fee is not included, the application(s) will be rejected.**

**11. SIGNATURE/DATE/TITLE**

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. **The signature must be an original;** rubber stamps, photocopies, or faxed copies are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FORE-GOING APPLICATION ARE TRUE AND CORRECT; THEY 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE