



# WILL COUNTY, ILLINOIS

## LIQUOR COMMISSIONER OFFICE

P. (815) 774-7485  
F. (815) 740-4600  
E. macosta@willcounty.gov

Will County Office Building  
302 N. Chicago Street  
Joliet, IL 60432

### LIQUOR LICENSE RENEWAL APPLICATION

1. **Applicant Info:**

Applicant(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. **Licenses:**

Will County License No.: \_\_\_\_\_ Illinois Liquor License No.: \_\_\_\_\_

3. **Change in Ownership:**

Have there been any changes in ownership, partnership, or in the case of a corporation, any changes in Officers, interest, or stock in the corporation? (check one)  YES /  NO *(If yes, please provide statement of changes and copy of state filing demonstrating changes)*

4. **Eligibility:**

A. Is applicant(s) disqualified to receive a liquor license under State Law? (check one)  YES /  NO

B. Has applicant been convicted of a felony or misdemeanor since last liquor license renewal? (check one)  YES /  NO If so, provide a statement of the nature of the crime: \_\_\_\_\_  
\_\_\_\_\_ Date and place of conviction (include the case number if available) \_\_\_\_\_

C. Does any fine or judgement, whatsoever, remain unpaid in any court in Will County? (check one)  YES / NO

D. Is business to be conducted by manager or agent? (check one)  YES /  NO *If yes, complete the MANAGER/AGENT section below;*

**MANAGER/AGENT INFORMATION**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Necessary Attachments:**

- Health Department payment receipt or proof of requirement waiver.
- Dram Insurance (current, reflecting renewal year coverage).
- Driver's License copies for any new managers/agents.
- Lease for full period of time for which license is sought (if applicable).
- Certificate of Good Standing from IL SOS.
- Background check.

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, and that the applicant is qualified and eligible to obtain the license applied for under penalty of perjury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_