

Cook County Liquor Control Commission

Zahra Ali

Deputy Liquor Control Commissioner

118 N. Clark Street, Room 1160

Chicago, Illinois 60602

(312) 603-3727

(312)603-5771 (FAX)



Cook County Liquor Control Commission

Toni Preckwinkle

President

Cook County Board of Commissioners

TEMPORARY BEER GARDEN LICENSE APPLICATION

(This temporary license expires on December 31, 2020)

Current Liquor License Number:

Business Name:

Primary Owner Name:

Business Address:

City, State and Zip Code:

Business phone:

Phone Contact:

Email:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE INDIVIDUAL PERSON FILLING THIS APPLICATION:

Full Name:

Current Home Address:

Date of Birth:

Personal phone number:

LICENSE INFORMATION:

Which license are you applying for: Temporary Beer Garden License

Temporary Beer Garden Special Late License*

(Not eligible for this license if you do not already have a regular Special Late License or if the proposed licensed premise is within 1,000 feet of property used for residential purposes)*

HOURS OF OPERATION FOR PROPOSED TEMPORARY BEER GARDEN:

DAY	HOURS
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

The applicant hereby affirms the above Application is true and correct. The facts stated are made from applicant's personal knowledge and information, and applicant is authorized to act on behalf of the business listed above. Applicant further affirms that the applicant meets all legal requirements to apply for and hold a Cook County Retailer's Liquor License and an Illinois Liquor License and will not violate the laws of the United States, the State of Illinois, or the County of Cook and all agencies thereof.

Signature of Applicant **Position with Organization** **Date**

FEES (money order or cashiers check): \$300 License Fee; No Fee for Temporary Beer Garden Special Late License
PLEASE NOTE: Make checks payable to the Cook County Department of Revenue

FOR OFFICE USE ONLY:

Department of Building and Zoning Approval:

Approval Date:

Date of Final Inspection:

Department of Public Health Approval:

Approval Date:

Review of any outstanding debt:

Liquor Commission Approval:

Approval Date:

Date of approval (DOR):