

**CITY OF SPRINGFIELD, ILLINOIS**  
**LIQUOR LICENSE CLASSIFICATION CHANGE APPLICATION**

**NON-REFUNDABLE APPLICATION FEE \$50.00**

James O. Langfelder Mayor and Liquor Control Commissioner

This application is for a **CHANGE OF LICENSE CLASSIFICATION ONLY.**

**WARNING:** THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO ENGAGE IN THE SALE OF ALCOHOLIC LIQUOR UNDER THE PROPOSED LICENSE CLASSIFICATION CHANGE. ISSUANCE OF THE REQUESTED CLASSIFICATION CHANGE LICENSE MUST PRECEDE THE OPERATION OF THE BUSINESS UNDER THE REQUESTED CLASSIFICATION CHANGE.

**CHANGE APPLYING FOR? > FROM CLASS \_\_\_\_\_ TO CLASS \_\_\_\_\_**

Name of Corp/Partnership/Owner: \_\_\_\_\_

D/B/A \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Current License # \_\_\_\_\_ Phone \_\_\_\_\_

Current Manager on File & Date Employed: \_\_\_\_\_ &Date \_\_\_\_\_

Lease/CFD Expires \_\_\_\_\_ [ ] Mark here if property owned

*If any of the above information has changed from the original application, **STOP!** Proper and current information must be on file with the liquor commission before this application may be submitted.*

**ATTACHMENTS REQUIRED:**

- 1. Amendment to lease, *if*, operating under a lease *and* the lease refers to a specific class of license.

**AFFIDAVIT**

The undersigned, being duly sworn, on oath, certifies that all information supplied in the original application for a license remains unchanged and the information supplied in this application is true and correct as to myself/ourselves, in any partners or corporation and its stockholders, as well as managers listed and that I/we will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the Springfield Liquor Code now or as hereafter amended.

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid. *(Signature required: Individual applicant or all partners; If limited partnership, all general partners and any limited partner owning more than 5% interest in such limited partnership; If corporation, all officers, directors and any stockholder owning more than 5% of stock of such corporation. All signatures must also indicate their official title or position.*

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public

**SPACE BELOW FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_

Forwarded to Legal On: \_\_\_\_\_