

COUNTY OF WILL



CHANGE OR EXPANSION OF PREMISES APPLICATION

TO THE LIQUOR CONTROL COMMISSIONER OF WILL COUNTY:

1. _____
(Name of the licensee)
2. _____
(Current license number and classification)
3. _____
(Current address of licensed premises)
4. _____
(Proposed address of new location -or- proposed change at current location)
5. _____
(Reason for proposed change)

Subject property zoning district: _____

Staff: _____

Title: _____

Date: _____

Signature of Applicant

Title

Date