



**CITY OF CHICAGO  
DEPARTMENT OF BUSINESS AFFAIRS AND  
CONSUMER PROTECTION  
LOCAL LIQUOR CONTROL COMMISSION**  
121 N. LASALLE ST., CITY HALL - ROOM 805  
CHICAGO, IL 60602

Tel: 312.744.6060 Fax: 312.747.0246  
[www.cityofchicago.org](http://www.cityofchicago.org)

OFFICE USE:  
Date Received: \_\_\_\_\_  
Processed By: \_\_\_\_\_  
INV#: \_\_\_\_\_

## LIQUOR LICENSE COMPLAINT FORM

As a community member, you may voice your complaints against existing businesses or new license applicants through the Citizen Complaint Form. We can enforce the law best when people who file a complaint identify themselves, but we will also accept anonymous complaints.

These complaints will help assist the Department of Business Affairs & Consumer Protection / Local Liquor Control Commission in deciding whether to issue licenses to new applicants and in taking appropriate action against existing licensed establishments.

To file a complaint against an existing licensed business or a new applicant, please complete and return this form to the City of Chicago Department of Business Affairs & Consumer Protection / Local Liquor Control Commission.

### INSTRUCTIONS

Please complete **ALL** information requested below. Failure to do so may result in a delay or rejection of your complaint.

- **If your complaint is not legible, your complaint will not be processed.**
- **If action is taken as a result of your complaint, you will be notified.**

### YOUR INFORMATION (optional)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NO. \_\_\_\_\_ EVENING TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

### INFORMATION REGARDING THE BUSINESS OR PERSON YOU ARE REPORTING

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

NAME OF CONTACT PERSON/ SALES PERSON/ MANAGER \_\_\_\_\_

**PLEASE MAIL OR FAX COMPLETED FORM TO:**  
CITY OF CHICAGO  
DEPARTMENT OF BUSINESS AFFAIRS & CONSUMER PROTECTION  
PROSECUTION & ADJUDICATION DIVISION  
121 N. LA SALLE ST., CITY HALL - ROOM 805  
CHICAGO, IL 60602  
FAX: 312 - 744 - 0246

**IF APPLICABLE, PLEASE CHECK VIOLATION COMMITTED:**

- Overcrowding
- Narcotics
- Sale to Minor - Alcohol
- Sale to Minor - Tobacco
- Sale of Loose Cigarettes
- Prostitution
- Restaurant Operating as a Tavern
- Public Indecency
- Sale/Possession of Drug Paraphernalia
- Sale/Possession of Illegal Weapons
- Public Nuisance
- Gambling
- Other \_\_\_\_\_

**PLEASE DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED:**

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**(You may attach additional sheets)**

**DESCRIBE THE RESULTS THAT YOU ARE SEEKING:**

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**BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION  
(RECEIPTS, INVOICES, LETTERS, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.)**

**READ THE FOLLOWING BEFORE SIGNING:** The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted