VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

RETURN COMPLETED APPLICATION TO:
Lincolnshire Police Department
1 Olde Half Day Rd.
Lincolnshire, IL 60069

TEMPORARY OPERATING PERMIT

A Temporary Operating Permit (TOP) allows businesses to continue selling alcohol while their permanent license application is being processed. An approved TOP is valid for 60 days, with the option to extend for an additional 30 days, for a maximum duration of 90 days. A $100 fee is required to obtain the TOP.

Please keep in mind the processing and approval process for a liquor license requires time to complete. Please submit your liquor license and manager application as soon as possible to ensure sufficient time for the licensing process to be finalized before the expiration of the TOP. Once staff concludes its review, background check, and inspection, the matter will go before the Village Board for approval. The approval process, generally, takes place over the course of two meetings. Meetings are scheduled for the second and fourth Monday of each month.

APPLICANT

Date:	Name of Applicant (Last, First, Middle):		
Business Name:		Permit Number (For Office Use Only)	
Business Address:	City:	State:	Zip:
Phone Number:	Email Address:		

OWNERSHIP TRANSITION DETAILS

Type of Business: ☐ Restaurant ☐ Hotel ☐ Retail ☐ Other	**Reason for Temporary Permit:** ☐ Ownership Transfer ☐ Other: _____
Name of Current/Previous Licensee:	Illinois Liquor License Number (If applicable):

EVENT OR BUSINESS DETAILS

Temporary Permit Requested For:

☐ Full Operations (Alcohol Sales and Service)
☐ Limited Operations (Specify): _____

Requested Permit Start Date: _____

REQUIRED DOCUMENTATION (Attach Copies)

☐ Proof of Business Ownership Transition (e.g., Sales Contract, Lease Agreement)
☐ Proof of Permanent Liquor License Application Filed with the Village of Lincolnshire and ILCC
☐ Certificate of Liability and Dram Shop Insurance
☐ BASSET Certification for Employees Serving Alcohol

APPLICANT ACKNOWLEDGEMENT	
I, the undersigned, hereby certify that the information provided in this application is accurate and complete. I agree to comply with all applicable state and local liquor laws and understand that violation of any provision may result in the revocation of this permit.	
Applicant Signature:	**Date:**

FOR OFFICE USE ONLY
Date Application Received:
Reviewed By:
Permit Approved: ☐ Yes ☐ No
Permit Expiration Date:
Comments/Conditions:
Local Liquor Commissioner Signature:
Date: