

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086498

Vendor Name: IL Liquor Control Commission

Invoice Number: 07/09/21

Invoice Date: 08/12/21

PO Number:

Check Number: 0284062

Check Amount: \$ 750.00

Check Date: 08/30/2021

Department ID: 00761

Reviewer Name:

Voucher Number: V0694734

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

This form may be used to request check payments **only for those items for which the issuance of a purchase order would not be appropriate**. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10-65

Date: 8/12/2020

Vendor ID: 1086498

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
July 9, 2020	01	80	00761	5309001	Other Contractual Services Exp	\$ 750.00

Grand Total

\$ 750.00

AP VERIFIED

08/24/21 - BETHANY CRUSE

Check the appropriate box below and sign

☒ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

☐ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Vendor #1086498, IL Liquor Control Commission

Payee Address: 100 W Randolph, #7-801, Chicago, IL 60601

Other Instructions:

When check is ready, please send to the IL Liquor Control Commission with supporting documents. PLEASE NOTE: DEADLINE: AUGUST 31, 2021. IF LATE, \$25.00 FEE MUST BE INCLUDED IN PAYMENT..

Description on Check:

Liquor License Renewal - License No. 1A-0101653, Account 00793264

Approvals:

Prepared By:

Yvette Dagen

Signature:

Yvette Dagen

Payment Due:

8/31/2021

Board Approved Date:

Approved By:

Phil Gieschen

Date:

Signature:

Philip Gieschen

8/13/2021

Approved By:

Phil Gieschen

Date:

Signature:

Approved By Division VP:

Ellen Roberts

Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

This form may be used to request check payments **only for those items for which the issuance of a purchase order would not be appropriate**. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10-65

Date: 8/12/2020
Vendor ID: 00793264

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
July 9, 2020	01	80	00761	5309001	Other Contractual Services Exp	\$ 750.00
Grand Total						\$ 750.00

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Vendor #0221041, IL Liquor Control Commission
Payee Address: 100 W Randolph, #7-801, Chicago, IL 60601

Other Instructions: When check is ready, please send to the IL Liquor Control Commission with supporting documents. PLEASE NOTE: DEADLINE: AUGUST 31, 2021. IF LATE, \$25.00 FEE MUST BE INCLUDED IN PAYMENT..

Description on Check:

Liquor License Renewal - License No. 1A-0101653, Account 00793264

Approvals:

Prepared By: Yvette Dagen
Signature: *Yvette Dagen*
Payment Due: 8/31/2021
Board Approved Date:

Approved By: Phil Gieschen Date: 8/13/2021
Signature: *Philip Gieschen*
Approved By: Phil Gieschen Date:
Signature:
Approved By Division VP: Ellen Roberts Date:
Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

From: Accounts Payable <acctpay@cod.edu>
Sent: Mon Aug 23 16:32:21 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: State app Liquor License app w supporting docs signed.pdf

From: Dagen, Yvette <dageny@cod.edu>
Sent: Monday, August 23, 2021 3:54 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: State app Liquor License app w supporting docs signed.pdf

Hello

Look like I was supposed to send this to accounting directly. Check needs to be received to State of IL by 08/31/21.

Thank you.

Yvette
Risk Management
dageny@cod.edu

Thoughts of Health & Peace for you!

From: Dando, Anne Marie <dandoa@cod.edu>
Sent: Monday, August 23, 2021 3:39 PM
To: Dagen, Yvette <dageny@cod.edu>
Subject: State app Liquor License app w supporting docs signed.pdf

Hello,

I'm a little confused as I'm not sure why you are sending thru ESM Purchase when you have completed a Check Request directly as you have the approved form attached.

Please follow the directions on the form for a Non-Purchase Order Vendor Payment. Given this is under \$1000, you do not require cabinet approval so you should be good to go.

Please confirm and I will return your request so you may delete it to release your funds.

Thanks!

Best,

Anne Marie Dando

Procurement Services Assistant



425 Fawell Blvd. | Glen Ellyn, IL 60137-6599 | USA
T: (630) 942.2813 | dandoa@cod.edu

[Click Here for current bids/Rfps!](#)

[COD: Check out our Team Site!](#)

[attachment: State app Liquor License app w supporting docs signed.pdf]

State of Illinois Liquor License Renewal Application



July 9, 2021



Letter ID: L0369033096

COMMUNITY COLLEGE OF DU PAGE
COMMUNITY COLLEGE DISTRICT NO 52
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

License No.: 1A-0101653
Expiration Date: August 31, 2021
License Type: RETAILER
Account ID: 00793264

Official Use Only	
Date Issued	ILCC Staff

The license fee is: **\$750.00**

If you renew online through
MyTax, the license fee is: **\$600.00**

Please print the information requested on the following pages. Submit the **ORIGINAL FORM ONLY - A photocopy or fax will not be accepted. Late renewal applications must include the added \$25.00 late file fee.**

Make checks payable to: **Illinois Liquor Control Commission.**

By submitting this completed application, you are certifying that any payments made by personal or company check to the Illinois Liquor Control Commission ("ILCC") will not be dishonored for any reason. If your personal or company check is dishonored by a bank, understand that the ILCC could issue a citation, which could result in the imposition of a fine equal to the amount of the dishonored check. The matter will be settled if the licensee pays to the State both the amount of the check AND the amount of the fine.

STOP: Read the following carefully before continuing:

If you have obtained a **new FEIN Number and Illinois Sales Tax Number**, then you must apply for a new Liquor License instead of submitting this renewal application.

If you are a **Sole-Proprietor** and will be changing the **100% ownership** of your business, then you must apply for a new Liquor License instead of submitting this renewal application.

PUT CORRECTIONS OR ADDITIONS IN BLANK SPACE



APPLICANT INFORMATION

NAME¹ COMMUNITY COLLEGE OF DU PAGE

DBA NAME² COMMUNITY COLLEGE DISTRICT NO 52

BUSINESS/PREMISES INFORMATION

ADDRESS³ 425 FAWELL BLVD

CITY GLEN ELLYN STATE, ZIP IL, 60137-6708

RETAIL TYPE ON-PREMISES PHONE (630) 942-2800

BUS. TYPE B. RESTAURANT

MAILING ADDRESS -- IF DIFFERENT FROM PREMISES

MAILING ADDR.

CITY STATE, ZIP

PUT CORRECTIONS OR ADDITIONS IN BLANK SPACE



LANDLORD ADDRESS -- IF PREMISES ARE RENTED/LEASED

NAME

ADDRESS

CITY STATE, ZIP

PHONE

EMAIL

CONTACT INFORMATION

APPLICANT

CONTACT NAME PHIL GIESCHEN

PHONE (630) 942-2993

EMAIL GIESCHEN@COD.EDU

¹ If changing the corporate entity name, **you are required** to attach:
1. A copy of your Articles of Amendment from the Secretary of State; **AND**
2. An updated Certificate of Insurance with the new Corporate/LLC/LP name, if you sell liquor for on premises or combined consumption; **AND**
3. A copy of your Local License, brewer's notice or federal basic permit reflecting the updated information. If the Local municipality does not print the Corporate/LLC/LP name on the Local License, then you will need to attach a letter from the Local municipality verifying that they have updated the Corporate/LLC/LP name at the local level.

² If changing the DBA name, then the new name **MUST** match the DBA name on the copy of your Local License, brewer's notice or federal basic permit.

³ The copy of your Local License **MUST** reflect the new business address. **For distributors, manufacturers and importers, you are required** to submit a copy of your brewer's notice or federal basic permit reflecting the changes.

ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed in the section titled, "Owner, Officer, Member, Manager, Director, etc. Information." **If any questions are answered with a "Yes," attach a full written explanation to this document.**

Y N

- ☐ ☒ Are you delinquent in the payment of any Illinois Business taxes (sales tax, withholding taxes, etc)? [235 ILCS 5/6-3]
- ☐ ☒ Are you delinquent under the cash beer law?
- ☐ ☒ If retailer, are you delinquent under the 30 day credit law?
- ☐ ☒ Have you ever made application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- ☐ ☒ Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- ☐ ☒ Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- ☐ ☒ Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a). 11, "Gambling"; 720 ILCS 5/28-1. 1(a)-(d) "Syndicated Gambling"; and 720 ILCS 5/28-3 "Keeping a Gambling Place"?
- ☐ ☒ Do you possess a current Federal Wagering Stamp?
- ☐ ☒ Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]

Y N

- ☐ ☒ Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- ☐ ☒ Are you or any other person having a direct interest in your place of business, more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- ☐ ☒ Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Liquor Control Act [235 ILCS 5] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- ☐ ☒ If a corporate license, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(10) and 6-2(10A)]

Do you possess a current Illinois Video Gaming License? If Yes, please provide your current Video Gaming License Number: n/a.

Have you made an application for an Illinois Video Gaming License that is currently pending? If Yes, please provide your valid Video Gaming Application Number: n/a and the date you applied: n/a (MM/DD/YYYY).

HOURS OF OPERATION & AVAILABLE INSPECTION TIMES

You must provide hours of operation for all seven days of the week. If you are not open for business on a certain day, write "Closed." These hours MUST be the hours authorized by the local municipality.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
12:00 - 23:00	12:00 - 23:00	12:00 - 23:00	12:00 - 23:00	12:00 - 23:00	12:00 - 23:00	12:00 - 23:00

Now enter the hours when a representative will be available for ILCC inspectors (Mon-Fri). If not available, write "None".

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
12:00 - 17:00	12:00 - 17:00	12:00 - 17:00	12:00 - 17:00	12:00 - 17:00

Please provide a contact person for inspections:

Contact Name: Phil Gieschen Phone Number: 630.942.2993

Please include a copy of your Local Liquor License with this application

Please include a copy of your Certificate of Insurance with this application (required for all on-premises or combined retail type)

OWNER, OFFICER, MEMBER, MANAGER, DIRECTOR, ETC. INFORMATION

Name of Individual or Corp.	Home Address or Corp. Address	City	State, ZIP	SSN or FEIN	Gender	Date of Birth	Title/Position	Phone	% Owned
• GIESCHEN, PHILIP	5300 CENTER ST	LISLE	IL, 60532	***-**-4889	M	07/14/1959	MANAGER	(630) 441-8164	0. % 0000
Total % of less than 5% ownerships under applicant:									100 %
Total Percentage:									100 %

NEW OWNERS/OFFICERS/MEMBERS/MANAGERS/DIRECTORS, ETC.

Note: If you are changing or updating corporate officers, owners, members, managers, directors, etc., then documentation on these changes will need to be provided. Please attach the supporting documents listed below:

- ☐ I certify that our entity is a Not For Profit (Educational, Fraternal, Political, Civic, Religious or Other) with no ownership interest among our members. **Changes can be made to owners, officers, members, managers, directors, etc with NO ATTACHMENTS REQUIRED.**

1. Local Approval:

Providing us with a copy of your local license does not qualify as approval for officer changes from the local municipality UNLESS the individual names of the corporate officers appear on the local license. If the local license does not list the individual names of all corporate officers/owners, then you will need to provide us with a letter from the locality verifying that they are aware of the officer change and have approved the change of officers. This letter should reflect the names of officers/owners that are being added and deleted.

- ☐ I am currently licensed as a Railroad, Boat, Airplane, Distributor, Importing Distributor, Foreign Importing Distributor, Distiller, Rectifier, Brewer, 1st & 2nd Class Wine Manufacturer, Non Resident Dealer or an Out of State Winery Shipper and DO NOT hold a Local Liquor License.

2. Evidence of Transfer:

- a. Stock Purchase Agreement;
- b. Bill of Sale;
- c. Closing Statement;
- d. Filed Change of Officer application and/or Copy of the Filed Annual Report from the Secretary of State;
- e. Death Certificate;
- f. (if applicable) Probate Court Order Documents;
- g. Bankruptcy or Receivership Documents;
- h. LLC Operating Agreements;
- i. Board Member Minutes referencing the changes.

3. Information listed under your IL Sales Tax Number:

Applicants must update their change of information with the Illinois Department of Revenue by calling the Central Registration Division at 217 785-3707.

Use the spaces below to add new corporate officers/ownership information. If necessary attach additional sheet(s) in the format specified below.

Name (Last, First)		Home Address	City	State, ZIP	% Owned
Social Security No.	Gender	Date of Birth	Title/Position	Phone	

Do you currently hold 5 or less retail liquor licenses in another State?

☐ YES ☒ NO

If Yes, please provide the following information for each out-of-state retail liquor license(s) that you hold:

Business Name _____	City _____	State _____
Business Name _____	City _____	State _____
Business Name _____	City _____	State _____
Business Name _____	City _____	State _____
Business Name _____	City _____	State _____

Note: The person signing this application MUST be listed as a new or existing Owner, Officer, Member Manager, Director, etc on this application, even if their ownership percentage is zero.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; are made upon my personal knowledge and information; are made for the purpose of requesting the State of Illinois to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America or the State of Illinois, in particular, the Liquor Control Act, rules and regulations, and the civil rights sections thereof. Further, the applicant agrees to notify this Commission, within 30 working days, of changes to any of the information requested on this application.

<u>Philip Gieschen</u>	<u>manager</u>	<u>08/12/2021</u>
SIGNATURE OF APPLICANT (ORIGINAL SIGNATURE)	TITLE/POSITION	DATE

Please return all pages of this application, including the cover page, to one of the following ILCC locations:

Attn: Illinois Liquor Control Commission
100 West Randolph Street, Suite 7-801
Chicago, Illinois 60601

Attn: Illinois Liquor Control Commission
300 W Jefferson Street, Ste 300
Springfield, IL 62702

Question? Call us at:

Chicago: 312 814-2206
Springfield: 217 782-2136

Did you know?

You can renew online at mytax.illinois.gov

For your convenience, use this checklist to ensure you are including every required item:

- ☐ Completed renewal application.
- ☐ Copy of valid local liquor license (or brewer's notice or federal basic permit, if applicable).
- ☐ Supporting documentation for officer/ownership changes or updates.
- ☐ Copy of Certificate of Insurance (applicable only for all on premises or combined licensees). Policy declarations will not be accepted as proof of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED College of DuPage, a Member of the Illinois Community College Risk Management Consortium 425 Fawell Blvd Glen Ellyn, IL 60137	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great American E&S Insurance Company	
	INSURER B: Safety National Casualty Corporation	
	INSURER C: Great American Insurance Company	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:** CHI-008909167-31 **REVISION NUMBER:** 12

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		ICCRMC2021 - 503	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ICCRMC2021 - 503	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N / A	SP4060569	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Liquor Liability		ICCRMC2021 - 503	07/01/2021	07/01/2022	Limit \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of insurance.

The above Named Insured is a member of the Illinois Community College Risk Management Consortium, an Intergovernmental Insurance Pool.

CERTIFICATE HOLDER

College of DuPage
A Member of the Illinois Community College Risk Management Consortium
425 Fawell Boulevard
Glen Ellyn, IL 60137

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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\$ 5,750

No. 02122-01



GLEN ELLYN, ILLINOIS

Pursuant to the Liquor Control Act of the State of Illinois, 235 Illinois Compiled Statutes 5/1-2 et seq.,
and to the Glen Ellyn Liquor Control Code, Chapter 19 of Title 3 of the Glen Ellyn Village Code,
and all amendments thereof in relation thereto, a

Class O

RETAIL ALCOHOLIC LIQUOR LICENSE

is hereby issued to

COLLEGE OF DUPAGE
(College of DuPage - 425 Fawell Boulevard)

For the period 07/01/21 to 06/30/22

ATTEST:



Village Clerk

Given under my hand
this 21 day of Sept 2021

Village President

State of Illinois Liquor License



July 9, 2021



Letter ID: L0947455880

COMMUNITY COLLEGE OF DU PAGE
COMMUNITY COLLEGE DISTRICT NO 52
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account ID: 00793264
License No.: 1A-0101653
Expiration Date: August 31, 2021
License Type: RETAILER

The license fee is: **\$750.00**

If you renew online using
MyTax Illinois: **\$600.00**

It's time to renew your Illinois Liquor License

NOTE: If you print your renewal application and mail it to us, you do not qualify for the reduced license fee.

****Some license types do not have a reduced fee associated with them****

Renewal Options

- **Online** - Use your MyTax Illinois account at **mytax.illinois.gov** to complete and submit your renewal application and pay the renewal fee shown above. If your license type has a reduced fee for renewing your license electronically, that amount will be shown above.
- **Paper (mail-in or in-person)** - You have the option to file your renewal application on paper by mail or in person. Print your renewal application from your MyTax Illinois account at **mytax.illinois.gov** and mail it to us. To renew in person, visit our Chicago or Springfield office.

Submit an original form with original signature(s) only. Photocopies and faxes of signatures will not be accepted.

If you need more information on how to renew online or register for a MyTax Illinois account, please visit our website at **ilcc.illinois.gov**. If you are unable to access MyTax Illinois and need to file using a paper form, contact our licensing office at 312 814-2206 or 217 782-2136 and request that a renewal application be mailed or emailed to you.

When may I not use a renewal application?

- If you have obtained a new FEIN and Illinois Sales Tax Number, then you must apply for a new Illinois Liquor License instead of submitting the renewal application.
- If you are changing your business status, then you must apply for a new Illinois Liquor License instead of submitting the renewal application. For example, if you are changing from a corporation to an LLC, or a sole proprietorship to a partnership, you cannot use the renewal application.

Account Hold Information

Any hold information provided in this section **must** be cleared before we can process your renewal.

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Fri Aug 27 13:19:45 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: IMPORTANT URGENCY - State app Liquor License app w supporting docs signed.pdf

From: Gieschen, Philip <giesche@cod.edu>
Sent: Friday, August 27, 2021 1:17 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: Dagen, Yvette <dageny@cod.edu>
Subject: FW: IMPORTANT URGENCY - State app Liquor License app w supporting docs signed.pdf

Hi Bethany,

Please see the attached check request and supporting documents. I will need to take this check down to the City of Chicago Monday or Tuesday.

Phil Gieschen
Coordinator of Risk Management
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630/942-2993
giesche@cod.edu

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately.

From: Dagen, Yvette <dageny@cod.edu>
Sent: Tuesday, August 24, 2021 11:57 AM
To: Gieschen, Philip <giesche@cod.edu>
Subject: FW: IMPORTANT URGENCY - State app Liquor License app w supporting docs signed.pdf

Phil

Bethany wants the check request sent back to her after Ellen's approval.

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Tuesday, August 24, 2021 11:21 AM
To: Dagen, Yvette <dageny@cod.edu>
Subject: RE: IMPORTANT URGENCY - State app Liquor License app w supporting docs signed.pdf

Yvette,
I emailed you about this already. You can direct your emails to me. One you have Ellen Roberts exception approval please forward to me.

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

This form may be used to request check payments **only for those items for which the issuance of a purchase order would not be appropriate**. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10-65

Date: 8/12/2020
Vendor ID: 1086498

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
July 9, 2020	01	80	00761	5309001	Other Contractual Services Exp	\$ 750.00
Grand Total						\$ 750.00

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Vendor #1086498, IL Liquor Control Commission

Payee Address: 100 W Randolph, #7-801, Chicago, IL 60601

Other Instructions: When check is ready, please send to the IL Liquor Control Commission with supporting documents. PLEASE NOTE: DEADLINE: AUGUST 31, 2021. IF LATE, \$25.00 FEE MUST BE INCLUDED IN PAYMENT..

Description on Check:

Liquor License Renewal - License No. 1A-0101653, Account 00793264

Approvals:

Prepared By: Yvette Dagen

Signature: *Yvette Dagen*

Payment Due: 8/31/2021

Board Approved Date:

Approved By: Phil Gieschen Date: 8/13/2021

Signature: *Philip Gieschen*

Approved By: Phil Gieschen Date:

Signature:

Approved By Division VP: Ellen Roberts Date: 8.24.2021

Signature: *Ellen M. Roberts*

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu