

**COOK COUNTY LIQUOR COMMISSION**

**POWER OF ATTORNEY AND  
DECLARATION OF REPRESENTATIVE**

**PART I- Power of Attorney**

Applicant(s)/Licensee(s) name, identifying number and address including ZIP code (Please type or print)

Hereby appoints [name(s), address(es), including ZIP code(s), and telephone number(s) of individual(s)]\*

As attorney(s)-in fact to represent the applicant(s)/licensee(s) before the Cook County Liquor Commission for the following matter(s).  
[Specify the type(s) or tax and year(s) of period(s)].

License issue/questions	Year(s) or Period(s)

The attorney'(s)-in-fact(or either of them) are authorized, subject to revocation, to receive confidential information and to perform any and all acts that the principal(s) can perform with respect to the above specified matters (excluding the power to receive refund checks, and the power to sign license applications, unless specifically granted below).

Send copies of notices and other written communications addressed to the applicant(s)/licensee(s) in proceedings involving the above matters to:

- 1. - the appointee first named above, or
- 2. - (names of not more than two of the above named appointees).....

Initial here.....If you are granting the power to receive, but not to endorse or cash, refund checks for the above matters (if applicable) to:

- 3. - the appointee first named above, or
- 4. - (name of one of the above designated appointees).....

This power of attorney revokes all earlier powers of attorney and liquor license information authorizations on file with the Liquor Commission for the same matters and years or periods covered by this power of attorney, except the following:

.....  
.....

(Specify to whom granted and address, including ZIP code)

Signature of or for applicant(s)/licensee(s)

If signed by a corporate officer, partner, or fiduciary on behalf of the applicant(s)/licensee(s), I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

.....

(Signature)	(Title, if applicable)	(Date)
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(Also type or print your name below if signing for a applicant(s)/licensee(s) who is not an individual)

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(Signature)	(Title, if applicable)	(Date)
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\* You may authorize an organization, firm, or partnership to receive confidential information, but your representative must be an individual who must complete Part II.

