

**Illinois Liquor Control
Commission**



**Pat Quinn
Governor**

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CHICAGO, ILLINOIS 60601
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**101 W. JEFFERSON ST.
SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217-782-2136
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WEB SITE: www.state.il.us/LCC**

**APPLICATION FOR STATE OF ILLINOIS SPECIALTY LIQUOR LICENSE
AUCTION — AIRPLANE — BOAT — RAILROAD**

The following various classes of specialty liquor licenses. Check the box that applies to the type/class of license you are applying for. Be sure to acquire the proper supporting documents required for the particular license class. **If the supporting documents are not included, your application will be rejected.**

A. <input type="checkbox"/> AUCTION **PLEASE INCLUDE COPY OF STATE AUCTIONEER LICENSE**	FEE: \$50.00 PER AUCTION
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An "Auction liquor license" means a person who obtains prior written from the State Commission to sell or offer for sale at auction, on a specified date, wine or spirits for private use or consumption, or for resale by an Illinois liquor licensee in accordance with the provisions of the Liquor Control Act ILCS 5/1-3.32. An auction liquor license will be issued to a person and it will permit the auction liquor licensee to hold the auction anywhere in the State. An auction liquor license must be obtained for each auction at least 14 days in advance of the auction date. **A \$25.00 late fee will be required if the application is not received 14 days in advance.**

B. <input type="checkbox"/> AIRPLANE	FEE: \$60.00 PER PLANE
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An airplane liquor license shall permit the licensee to import alcoholic liquors into this state from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, any class of distributor from within or outside this State. An airplane license shall permit the sale or dispensing of alcoholic liquors on any passenger airplane regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. **SUPPORTING DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

C. <input type="checkbox"/> BOAT	FEE: \$180.00
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A boat license shall allow the sale of alcoholic liquor in individual drinks, on any passenger boat regularly operated as a common carrier on navigable waters in this State, which boat maintains a public dining room or restaurant thereon. **SUPPORTING DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

D. <input type="checkbox"/> RAILROAD	FEE: \$60.00 PER DINING, LOUNGE, BUFFET, CLUB CAR
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A railroad license shall permit the licensee to import alcoholic liquors into this state from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, any class of distributor from within or outside this State. An airplane license shall permit the sale or dispensing of alcoholic liquors on any passenger airplane regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. **DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIF. OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

A. AUCTION LICENSE APPLICANTS ONLY:

AUCTION DETAILS:

- A. Provide the date and time that the auction will be held. When you receive your printed license certificate from the Commission, times will be listed in military time; ie "0200" = 2AM, "1200" = noon, "2400" = midnight; etc.
- B. Provide the address/location of the auction. If an address is not available, provide specific instructions to enable our investigators to find the location.

Date of Auction From (Month/Day/Year)	Time From (AM/PM)	Date Of Auction To (Month/Day/Year)	Time From (AM/PM)	Auction Address (Street Address/City/State/Zip)

B. AIRPLANE AND RAILROAD LICENSE APPLICANTS ONLY:

You may fill out one application, but you must obtain a license certificate for each airplane or applicable rail car. A license certificate must be on each plane or train that serves alcoholic beverages.

Indicate how many airplanes or rail cars are to be issued certificates.

FEE: \$ _____	\$60.00 Per Plane, i.e. If you have 50 planes traveling in Illinois, the fee would be a total of \$3,000. (50 x \$60=\$3,000)
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FEE: \$ _____	\$60.00 Per Rail Car, i.e. If you have 5 rail cars where alcoholic beverages are served/sold traveling in Illinois, the fee would be a total of \$300. (5 x \$60=\$300)
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C. BOAT LICENSE APPLICANTS ONLY:

READ MESSAGE BELOW AND CONTINUE TO PAGE (3).

The following applies to all licenses:

MAKE CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS LIQUOR CONTROL COMMISSION.
THE COMMISSION DOES NOT ACCEPT U.S. CURRENCY/CASH AS PAYMENT.

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR AN ORIGINAL SIGNATURE.

**FOR OFFICE
USE ONLY**

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

COUNTER

Application for State of Illinois Auction/Airplane/Boat/Railroad Liquor License

1. APPLICANT - CORPORATE INFORMATION

If you want your renewal application, your license certificate and other ILCC correspondence sent to your "corporate" address, please check the box at right.

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on "Businesses", and then "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
EXT.

D. COUNTY

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY

E. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME

F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS	CITY	STATE	ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ASSUMED NAME DATE FILED WITH COUNTY CLERK: _____
- B. PARTNERSHIP DATE OF FORMATION: _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION: _____ DATE QUALIFIED TO DO BUSINESS IN IL: _____
- E. LIMITED LIABILITY COMPANY DATE FORMED: _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question #6 - Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

5. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions **must** be answered. **If the questions are not checked, the application will be rejected.** If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

- 6-18 YES NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- 6-19 YES NO Are you delinquent under the "cash beer" law?
- 6-20 YES NO Are you delinquent under the "30-day credit" law?
- 6-22 YES NO Have you ever applied for and been denied a liquor license?
- 6-23 YES NO Have you had any previous liquor license revoked?
- 6-24 YES NO Have you ever been convicted of a felony?
- 6-25 YES NO 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)1-11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
- 6-26 YES NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- 6-27 YES NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- 6-28 YES NO 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?
- 6-30 YES NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the united states or resident aliens with legal status?

6. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original, rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY 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 ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

Directions for completing bond forms

NOTE: You must complete ONE of the following:

- 1) REG-4-A (Financial Responsibility Bond); and**
- 2) REG-4-D (Financial Institution Irrevocable Letter of Credit Bond)**

You must provide this information to the bank or insurance company that will be providing your bond. A separate bond is required for each location. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond. Your bond can be in the form of:

1) Insurance bonds (Form REG-4-A):

Form REG-4-A, Financial Responsibility Bond, must be completed entirely by your insurance company. Your business' name and address must be identical to the information you have registered with us. The insurance company issuing your bond must:

- Sign;
- Stamp their insurance seal;
- Assign a bond number; and
- If applicable, attach their power of attorney stating the attorney-in-fact's name.

All of your business' owners, officers, or partners must sign the bond. If you are a corporation, the president and secretary must sign the bond. You must also affix your corporate seal. **Note:** The original bond and power of attorney must be sent to us.

2) Letter of Credit (Form REG-4-D):

Form REG-4-D, Financial institution Irrevocable Letter of Credit Bond, must be completed entirely by your bank if you are providing a bank letter of credit. Your business' name and address must be identical to the information you have registered with us. The bank issuing your letter of credit must:

- Stamp their bank seal; and
- Send to us the original bank letter of credit containing the seal.

Note: The Letter of Credit must be signed by an authorized officer of the banking institution.

Tax Rates:

- 18.5 cents per gallon for beer or cider with an alcohol content of 0.5 percent to 7.0 percent;
- 73 cents per gallon for alcoholic liquor other than beer with an alcohol content of 14 percent or less (includes wine coolers and wine spirits);
- 73 cents per gallon for alcoholic liquor with an alcohol content of more than 14 percent and less than 20 percent;
- \$4.50 per gallon for alcoholic liquor with an alcohol content of 20 percent or more.

Questions about Tax Bonds? Please call 217-782-6045.



Financial Responsibility Bond

Part 1: Financial responsibility bond type and number

a Bond type:

b Financial responsibility bond number: _____

Part 2: Taxpayer and financial institution information

We, _____ (as principal)
Taxpayer's name and address

and

_____ (as surety)
Name and address of surety

are bound to the people of the State of Illinois in the penal sum of \$_____. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within _____ days. However, the surety is not discharged from any liability previously accrued under this bond or that may accrue before the _____ days expires.

Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on ____/____/_____, to be effective ____/____/_____. You must attach a power of attorney.

(Principal's seal)

(Surety's seal)

Principal's (taxpayer) signature

Surety's signature

Attorney-in-fact's signature

President's or co-partner's signature

Countersigned by

Corporate secretary's signature

Agent for surety

Number and street

City

State

ZIP

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____



Illinois Department of Revenue
REG-4-D

Financial Institution Irrevocable Letter of Credit Bond

Part 1: Financial institution letter of credit bond type and number

- a Bond type: _____
- b Financial institution irrevocable letter of credit number: _____
- c Bond amount: \$ _____

Part 2: Taxpayer and financial institution information

Taxpayer:

Financial institution:

Name

Name

Street address

Street address

City State ZIP

City State ZIP

Part 3: Effective and maturity date of bond

Effective date: ____/____/____
Month Day Year

Maturity date: ____/____/____
Month Day Year

Part 4: Bond conditions

If the taxpayer identified above, in Part 2, fails to pay the Illinois Department of Revenue (IDOR) all moneys, including penalties and interest, due under this bond type's tax act, IDOR is authorized to draw drafts on demand against this irrevocable letter of credit. The sum of this irrevocable letter of credit cannot exceed the bond amount above, in Part 1, and drafts drawn against it are payable on demand. This letter of credit is issued for a period of **one** year and will be renewed automatically for successive **one** year periods unless IDOR receives a written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

The undersigned officer of the financial institution identified above, in Part 2 is duly authorized by the Board of Directors to execute this irrevocable letter of credit; and this financial institution will honor all drafts on demand. The name of the authorized financial institution officer, title and signature are required.

Name: _____ **Title:** _____

Signature: _____

Part 6: Financial institution seal

The official seal of the financial institution must be affixed below.

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____