

Illinois Liquor Control  
Commission



Pat Quinn  
Governor

100 W. RANDOLPH ST.  
SUITE 7-801  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312-814-2206  
FAX: 312-814-2241  
TDD: 312-814-1844

101 W. JEFFERSON ST.  
SUITE 3-525  
SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217-782-2136  
FAX: 217-524-1911  
WEB SITE: [www.state.il.us/LCC](http://www.state.il.us/LCC)

**APPLICATION FOR STATE OF ILLINOIS SPECIALTY RETAILER'S LIQUOR LICENSE  
BREW PUB — CATERER RETAILER — WINE MAKER RETAILER**

The following are considered specialty retailer's liquor licenses. Check the box that applies to the type/class of license for which application is being made. Be sure to obtain and complete all of the supporting documents required for the particular license class.

A.  **BREW PUB**

FEE: \$1,050.00

A "Brew Pub" means a person who manufactures beer only at a designated premises to make sales to importing distributors, distributors, and to non-licensees for use and consumption only, who stores beer at the designated premises, and who is allowed to sell at retail from the licensed premises, provided that a brew pub licensee shall not sell for off-premises consumption more than 50,000 gallons per year. (ILCS 5/1-3-33)

**SUPPORTING DOCUMENTS REQUIRED:**

- **PHOTOCOPY OF LOCAL LIQUOR LICENSE;**
- **REGISTRATION STATEMENT(S) FORM ENCLOSED;**
- **COPY OF FORM(S) 5100.31: CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL (DOWNLOAD AT [WWW.TTB.GOV](http://WWW.TTB.GOV));**
- **COPY OF BREWER'S NOTICE (DOWNLOAD AT [WWW.TTB.GOV](http://WWW.TTB.GOV));**
- **TAX BOND ACQUIRED BY ONE OF THE ENCLOSED FORMS BELOW:**
  - a) **RL-1 TAX STATEMENT OF LIABILITY;**
  - b) **REG-4-D LETTER OF CREDIT BOND; or**
  - c) **REG-4-A (LIQUOR GALLONAGE TAX BOND) CERT. OF DEPOSIT;**

B.  **CATERER RETAILER**

FEE: \$200.00

A "Caterer retailer" means a person who serves alcoholic liquors for consumption, either on-site or off-site, whether the location is licensed or unlicensed, as an incidental part of food service. Prepared meals and alcoholic liquors are sold at a package price agreed upon under contract. ILCS 5/1-34

**SUPPORTING DOCUMENTS REQUIRED: PHOTOCOPY OF LOCAL LIQUOR LICENSE**

C.  **WINE MAKER RETAILER**

FEE: \$100.00

A wine-maker's retail license shall allow the licensee to sell and offer for sale at retail in the premises specified in such license not more than 50,000 gallons of wine per year for use or consumption, but not for resale in any form; this license shall be issued only to a person licensed as a first-class or second-class wine-maker. A wine-maker's retail licensee, upon receiving permission from the Commission, may conduct business at a second location that is separate from the location specified in its wine-maker's retail license.

**SUPPORTING DOCUMENTS REQUIRED: PHOTOCOPY OF LOCAL LIQUOR LICENSE**

D.  **WINE MAKER RETAILER (SECOND LOCATION)**

FEE: \$350.00

One wine-maker's retail license for a second location may be issued to a wine-maker's retail license holder allowing the licensee to sell and offer for sale at retail in the premises specified in the wine-maker's retail license-second location up to 50,000 gallons of wine per year for use and consumption and not for resale that was produced at the licensee's first location.

**Provide current wine-maker  
retailer license number:**

CURRENT WINE-MAKER RETAIL LICENSE NO.

**SUPPORTING DOCUMENTS REQUIRED: PHOTOCOPY OF LOCAL LIQUOR LICENSE**

**MAKE CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS LIQUOR CONTROL COMMISSION.** The Commission does not accept U.S. currency/cash as payment.

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.

**FOR OFFICE  
USE ONLY**

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

COUNTER

**Application for State of Illinois Specialty Retailer's 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 this box.**

**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. **NOTE**, if you have filed an application for your FEIN number, the Commission will accept your application.

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](http://www.tax.illinois.gov) and click on "Businesses", 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 Dept. 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 co-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.

**NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.**

- 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 ILLINOIS: \_\_\_\_\_
- 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 by every individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate equal to or more than 5% of the stock, (including officers, directors and stockholders of 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 have less than a 5% interest. **All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers.** 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 No. 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 \_\_\_\_\_ %

#### 4. BUSINESS PREMISE INFORMATION

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

##### A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **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 (DOING BUSINESS AS D/B/A)

##### B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

##### C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Certificate.

**Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (ie, bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.**

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selections listed are inappropriate, describe the business under "other".

- |   |  |   |
|---|--|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE     | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT          | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY     |
| C. <input type="checkbox"/> CONVENIENCE         | G. <input type="checkbox"/> BAR/TAVERN       | K. <input type="checkbox"/> GAS STATION       |
| D. <input type="checkbox"/> SUPERMARKET         | H. <input type="checkbox"/> HOTEL/MOTEL      | L. <input type="checkbox"/> OTHER _____       |

##### E. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, zip code and county.

LANDLORD NAME			AREA CODE/TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

## 5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

### A. LOCAL LIQUOR LICENSE INFORMATION

#### **YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE**

Your local license must contain the expiration date, issue date, and license number.

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date that the State liquor license is issued. If you have begun selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delinquency affidavit" to explain the circumstances.

**Note! In unincorporated areas, the county acts as the local liquor licensing authority.**

MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE	LOCAL LICENSE NO.	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES AT THIS PREMISE

### B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES \_\_\_\_ NO \_\_\_\_

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

DISPOSITION:  GRANTED  DENIED  WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: \_\_\_\_\_  
\_\_\_\_\_

### C. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers - "on-premise"; "off-premise"; or "combined". This information must be consistent with your approval granted by the local liquor licensing authority.

- ON-PREMISE CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)
- OFF-PREMISE CONSUMPTION (CARRY-OUT PURCHASES ONLY)
- ON/OFF-PREMISE CONSUMPTION COMBINATION (BOTH ON-PREMISE CONSUMPTION AND CARRY-OUTS)

## 6. CERTIFICATE OF INSURANCE

#### **ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")**

You MUST provide a copy of your Certificate of Insurance if you sell liquor for on-premise or on/off premise consumption. The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) The applicant shown as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, the the sole proprietor's name must be listed.); 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.

## 6. ELIGIBILITY QUESTIONS

**These questions apply to the applicant and any other person listed under Question 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.**

- 6-17  YES  NO HAVE YOU FAILED OR NEGLECTED TO REGISTER WITH THE FEDERAL TAX & TRADE BUREAU (TTB)? IF SO, PLEASE CONTACT THE TTB AT 800-937-8864 OR 513-684-2979.
- 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?

## 7. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

## 8. 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.** (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

\_\_\_\_\_  
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: \_\_\_\_\_