

Illinois Liquor Control
Commission



Pat Quinn
Governor

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**APPLICATION FOR STATE OF ILLINOIS DISTRIBUTOR/
IMPORTING DISTRIBUTOR/FOREIGN IMPORTER LIQUOR LICENSE**

DEFINITION: In order to obtain any class of distributor's license, an applicant must post a \$1,000 bond with the Illinois Department of Revenue as an assurance that all liquor taxes will be paid. In order to satisfy the bond requirement, the applicant must complete and submit one of the following three types of tax bonds along with the application. The applicant may submit a check for \$1,000 made payable to the Illinois Department of Revenue, obtain a bonding certificate from a local insurer or obtain a letter of credit from a bank. If direct payment is made to the Department of Revenue, a refund will be issued after two full calendar years has elapsed, provided that all applicable taxes have been and continue to be paid. If applying for an importing distributor's license, a foreign importer's license or both only one bond is required. All licensed distributors are required to file the enclosed Registration Statement (IL 567-0014). The Registration Statement authorizes the distributor to resell a trademark/brand name product at wholesale within a specified geographic territory for a specified period of time. All distributors are required to file a "Liquor Tax Statement of Liability" (Form RL-1) with the Illinois Department of Revenue to report monthly tax liability.

A. DISTRIBUTOR LICENSE

FEE:

\$270.00

A distributor license, granted pursuant to the Illinois Liquor Control Act, permits an entity other than a manufacturer, non-resident dealer, or retailer to purchase, store, possess, or warehouse any alcoholic liquors for resale or reselling at wholesale whether within or without Illinois. **Please include the following REQUIRED supporting documents:**

- 1) A copy of **Basic Permit**. Visit www.ttb.gov to download the Federal Tax and Trade Bureau's **F 5100.24** application form (visit www.ttb.gov or call 1-877-882-3277 for further info);
- 2) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 3) A **Tax Bond** acquired through one of the following **enclosed** documents:
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 4) The **enclosed Registration Statement** (if applicable).
- 5) If you have chosen a warehouse location that stores product for other Illinois Licensed Distributors, the warehouse owner/operator should obtain a warehouseman certificate. See **enclosed REG-1** form.
- 6) If you are leasing the property, please submit a lease . If you own the property, please submit a deed or other proof of ownership document.

The ILCC will schedule an inspection of the warehouse once we receive your completed application.

PROCESSING TIME FOR A DISTRIBUTOR LICENSE IS GENERALLY BETWEEN 3-8 WEEKS.

B. IMPORTING DISTRIBUTOR'S LICENSE**FEE:****\$25.00**

An importing distributor's license, granted pursuant to the Illinois Liquor Control Act, permits an already licensed Illinois distributor to import into this State, from any point in the United States outside of Illinois from an Illinois-licensed, non-resident dealer or foreign importer, whether for itself or another, any alcoholic liquors for sale or resale, or for use in the manufacture, preparation or compounding of products other than alcoholic liquors, or for importing more than one gallon of such liquors from any point in the United States outside of Illinois for consumption in any one calendar year. A licensed importing distributor may purchase alcoholic liquor in barrels, casks or other bulk containers, and the bottling of such alcoholic liquors before resale thereof, but all bottles or containers so filled shall be sealed, labeled, stamped and otherwise made to comply with all provisions, rules and regulations governing manufacturers in the preparation and bottling of alcoholic liquors.

IMPORTANT: If you are applying for an importing distributor's license you must purchase your product from a licensed Illinois non-resident dealer or foreign importer. **To apply for the Importer's License you must submit the following:**

- 1) **Distributor Application: \$270**
- 2) **Importing Distributor's Application: \$25**
- 3) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 4) **ONE** of the **enclosed** bond forms:
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 5) Copy of your **Federal Basic Permit**. Questions about your Federal Basic Permit should be directed to the TTB at www.ttb.gov or 1-800-937-8864.
- 6) Total fees for distributors, importing distributors and foreign importing distributors is **\$295**.

C. FOREIGN IMPORTER'S LICENSE**FEE:****\$25.00**

A foreign importer's license, granted pursuant to the Illinois Liquor Control Act, permits an already-licensed Illinois distributor to import into Illinois from any point outside of the United States, any alcoholic liquors other than bulk, for sale to a licensed importing distributor. A foreign importer shall not hold a non-resident dealer license. A foreign importer shall be required to purchase alcoholic liquor from a non-resident dealer within the United States or any other person located outside the United States.

IMPORTANT: If you are applying for a liquor license to import **AND** distribute liquor directly from OUTSIDE (Foreign Country) the United States into Illinois you will need to provide the information listed below in STEPS 1-7. **To apply for the Foreign Importer's License you must submit the following:**

- 1) **Distributor Application: \$270**
- 2) **Importing Distributor's Application: \$25**
- 3) **Foreign Importer's Application: \$25**
- 4) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 5) **ONE** of the **enclosed** bond forms.
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 6) Copies of your **Federal Label Approvals** and **Federal Basic Permits**. The Federal Label Approvals must be issued in the name of the applicant and must have the Illinois warehouse or business address. Questions about Federal Label Approvals and Federal Basic Permits should be directed to the TTB at www.ttb.gov or 1-800-937-8864.
- 7) Total fees for distributors, importing distributors and foreign importing distributors is **\$320**.

FOR OFFICE
USE ONLY

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

COUNTER

Application for State of Illinois Distributor/Importing Distributor/Foreign Importer Liquor License

1. APPLICANT - CORPORATE INFORMATION If you want your renewal application, license certificate, and other ILCC correspondence sent to your "corporate" address, please check the box to the 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. **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 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. CORPORATE NAME (Also list trade or business name, if different from corporate name)

Enter the name of the corporation (Illinois, national, or foreign) partnership or limited liability company in this box.

CORPORATE NAME	DBA 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 copartnership, 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 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. MISCELLANEOUS INFORMATION

A. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse. **NOTE: Warehouse inspection will be conducted prior to the issuance of your liquor license.**

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

B. 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. LICENSE HISTORY

A. 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: _____

6. 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?

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

Name and address of surety (as 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: _____



REG-1 Illinois Business Registration Application

Register faster on-line at tax.illinois.gov. If you are already registered and need to make changes (e.g., adding a location, changing officer information), call us weekdays between 8:00 a.m. and 5:00 p.m. at **217 785-3707**.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)

FEIN: _____ - _____

If you are a proprietorship, provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name - if proprietorship, see instructions.

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2.

4 Primary or legal business address.

Street address - **No** PO Box number Apartment or suite number

City State ZIP

Check here if this is your **only** Illinois location. If you have more Illinois locations, **complete Schedule REG-1-L**.

5 Mailing address if different from the address above.

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

6 Check the organization type that applies to you:

Proprietorship. Check if owned by husband and wife: _____

Partnership Trust or estate

Corporation S Corp (Subchapter S Corporation)

Governmental unit Not-for-profit organization

Limited liability company (LLC) treated as a

____ Corporation

____ Partnership

____ Proprietorship

Check here if disregarded: _____

7 Illinois Secretary of State identification (corporate or file) number:

____ - _____ - _____ - _____

8 Is your business part of a unitary group? ____ Yes ____ No
If "Yes", provide the FEIN of your designated agent (the person responsible for filing your Illinois income tax return):

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____

Phone: (____) _____ - _____ Ext.: _____

FAX: (____) _____ - _____

Email address: _____

Step 2: Identify your owners, officers, and general partners - if a limited liability company, include the manager

10 Identification depends on your organization type. If you need to identify more, **attach Schedule REG-1-O**.

Individuals:

a _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

b _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

c _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

d _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

Businesses that are owners, managers, or general partners:

a _____
Name FEIN - _____

Legal address

City State ZIP

(____) Telephone - _____

b _____
Name FEIN - _____

Legal address

City State ZIP

(____) Telephone - _____

Step 3: Tell us about your business activities

11 Describe your business activities: _____

12 Will you have employees? Yes No
Tell us when your Illinois payroll will begin: ____/____/____

13 Check all that apply to your type of business.

Sales:

- General merchandise: Retail Wholesale
Do you estimate your monthly sales tax liability to be over \$200? Yes No
 Sales to Illinois customers from out-of-state
 Check here if you have an Illinois presence.
 Soft drinks in sealed containers
 Vehicle, watercraft, aircraft, or trailer
 From vending machines
Tell us how many machines: _____
 Liquor at retail (bar, tavern, liquor store, etc.)
 Cigarettes: Retail Wholesale
 Tobacco products: Retail Wholesale
 Motor fuel/fuel: Retail Wholesale

Services:

Do you transfer items as part of your service?
 Yes No

Use: If you purchase merchandise for your use in Illinois, does your supplier collect the Illinois sales tax?
 Yes No

Renting or leasing:

- Hotel
 Vehicles. Check the terms of your agreements (both may apply):
 Longer than 12 months 12 months or less

Utilities - Check your utility and type of sales and services:

- Electricity: Retail Resale
 Natural gas: Retail Resale
 Telecommunications: Retail Resale
 Water or sewer services
Are you a utility cooperative? Yes No
Are you a municipality? Yes No

Other:

- Liquor warehousing - **Attach Schedule REG-1-L.**
 Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? Yes No
 Dry cleaning solvents
 Coin-operated amusement devices
 Purchase electricity for non-residential use and want to pay the tax to IDOR.
 Purchase natural gas from out-of-state for my own use and want to pay the tax to IDOR. Identify your delivering supplier(s): _____
 Not listed. Identify: _____

14 When will (did) these activities begin? ____/____/____

Step 4: Check any schedule attached (not all applicants are required to complete schedules)

- Schedule REG-1-L Schedule REG-1-O Other information

Step 5: Sign below

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: _____ Title: _____ Date: ____/____/____
Printed name: _____ SSN: _____ - _____ - _____
Address: _____ Telephone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application and attachments (if applicable) to us at

 **CENTRAL REGISTRATION DIVISION**
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19476
SPRINGFIELD IL 62794-9476

This form is authorized by 20 ILCS 687/6 et seq.; 35 ILCS 5/1 et seq., 105/1 et seq., 110/1 et seq., 115/1 et seq., 120/1 et seq., 130/1 et seq., 135/1 et seq., 143/10-1 et seq., 155/1 et seq., 415/1 et seq., 505/1 et seq., 510/1 et seq., 615/1 et seq., 620/1 et seq., 625/1 et seq., 630/1 et seq., 635/1 et seq., 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq., 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq., 687/6-1 et seq.; 415 ILCS 125/301 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center. IL-492-0001



Illinois Department of Revenue

Schedule REG-1-L Illinois Business Site Location Information

Attach to Form REG-1.

Business name: _____

FEIN: _____ - _____

Contact for this schedule: _____

SSN: _____ - _____
(Proprietorship only)

Phone: (____) _____ - _____

Read this information first.

Complete this schedule if you are registering as a new business that will do business from an Illinois location. You must identify all Illinois locations, including the one you may have identified on Form REG-1, Step 1, Line 4. In Illinois, some tax rates vary based upon the specific location of the business activities. Depending on your tax responsibilities, the location of your business will determine the tax rate that we will preprint on your return. We recognize three types of locations:

Permanent - Examples include a building, warehouse, or storefront. To identify these, complete Step 1.

Temporary - Examples include a fair, festival, or convention. To identify temporary locations, complete Step 2. Special events or seasonal sales (i.e., trade-shows, holiday sales, concession stands) should also complete Step 2.

Changeable - A changeable location is one that constantly changes (i.e., door-to-door sales, home party sales). If you have changeable locations, complete Step 3.

If you need to identify more, attach a separate sheet using a similar format. If you have previously registered and need to add a location, call us at 217 785-3707.

Step 1: Identify each permanent location.

DBA name: _____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

City State ZIP

County: _____ If located within Madison or

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Starting date for this location: ____/____/____

Check your activities at this location:

Check your activities at this location:

- Sales and use Vehicle **renting**
 Vehicle **sales** Telecommunications service
 Hotel rental Liquor warehousing
 Other: _____

- Sales and use Vehicle **renting**
 Vehicle **sales** Telecommunications service
 Hotel rental Liquor warehousing
 Other: _____

DBA name: _____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

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City State ZIP

City State ZIP

County: _____ If located within Madison or

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Starting date for this location: ____/____/____

Check your activities at this location:

Check your activities at this location:

- Sales and use Vehicle **renting**
 Vehicle **sales** Telecommunications service
 Hotel rental Liquor warehousing
 Other: _____

- Sales and use Vehicle **renting**
 Vehicle **sales** Telecommunications service
 Hotel rental Liquor warehousing
 Other: _____

Step 2: Identify each temporary location

Examples include a fair, festival, or special event. Seasonal sales (*i.e.*, trade-shows, holiday sales, concession stands) are usually considered a temporary location.

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Sales and use Telecommunications service

Vehicle **sales**

Other: _____

Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Sales and use Telecommunications service

Vehicle **sales**

Other: _____

Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Sales and use Telecommunications service

Vehicle **sales**

Other: _____

Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

Sales and use Telecommunications service

Vehicle **sales**

Other: _____

Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

Step 3: Identify each changeable location

A changeable location is one that constantly changes (*i.e.*, door-to-door sales, home party sales).

DBA name: _____

Municipality: _____

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Starting date: ____/____/____

DBA name: _____

Municipality: _____

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Starting date: ____/____/____