



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

**APPLICATION FOR STATE OF ILLINOIS
NON-RESIDENT DEALER'S LIQUOR LICENSE**

DEFINITIONS

A Non-resident Dealer's license shall permit such licensee to ship into and warehouse alcoholic liquor in this State from any point outside of this State, and to sell such alcoholic liquor to Illinois-licensed foreign importers and importing distributors and to no one else in this State; provided that said Non-resident Dealer shall register with the Illinois Liquor Control Commission each and every brand of alcoholic liquor which it proposes to sell to Illinois licensees during the license period; and further provided that it shall comply with all of the provisions of Section 6-9 of the Liquor Control Act with respect to registration of such Illinois licensees as may be granted the right to sell such brands at wholesale. **Please note that you must appoint an Illinois-licensed distributor (see page 3).**

If you have agents, representatives or persons acting on your behalf in Illinois that sell or discuss pricing terms of alcoholic liquor you are required to register each of these individuals by submitting forms IL 567-0053 "Application for Registration - Manufacturer's Registered Agent", and IL 567-0054 "Statement of Representation - Registration of Manufacturer's Agent".

- | | |
|--|----------------------|
| <input type="checkbox"/> Currently licensed Illinois manufacturer - Class 1- Distiller, Class 2- Rectifier, or Class 3-Brewer. | FEE: NONE |
| <input type="checkbox"/> Non-resident dealer who is a manufacturer of less than 500,000 gallons per year combined plant total, or agent thereof AND/OR Primary U.S. Importer exporting less than 500,000 gallons into Illinois yearly, or agent thereof. | FEE: \$90.00 |
| <input type="checkbox"/> Non-resident dealer who is a manufacturer of 500,000 gallons or more per year combined plant total, or agent thereof AND/OR primary U.S. importer exporting 500,000 gallons or more into Illinois yearly, or agent thereof. | FEE: \$270.00 |

Please include the following REQUIRED supporting documents:

- **The enclosed Registration Statement;**
 - **The following U.S. Department of the Treasury Tax and Trade Bureau application forms (please visit the TTB website at www.ttb.gov or call 1-877-882-3277 or for further information regarding these forms):**
 - a) **A copy of the Label Approval. Visit www.ttb.gov to download the F 5100.31 application form;**
 - b) **A copy of the Basic Permit. Visit www.ttb.gov to download the F 5100.24 application form;**
 - **The enclosed Schedule L (RL-26-L) from the Illinois Department of Revenue (please call IDOR at 217-785-2622 should you require further assistance);**
 - **The enclosed Application for Registration – Manufacturer's Registered Agent (if applicable*);**
 - **The enclosed Statement of Representation – Registration of Manufacturer's Agent (if applicable*).**
- *If you have agents, representatives or persons acting on your behalf in Illinois that sell or discuss pricing terms of alcoholic liquor, you are required to register each of these individuals by submitting the above two forms.*

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

ILLINOIS BUSINESS TAX # (DO NOT FILL IN SPACE BELOW)

Application for State of Illinois Non-resident Dealer's Liquor License

A. CORPORATE/BUSINESS(DBA) INFORMATION

1. 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 #

2. PHONE NUMBER

Enter the telephone number for the corporation, partnership, etc.

AREA CODE/TELEPHONE NUMBER
EXT.

3. 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

4. CHIEF OPERATING ADDRESS

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

ADDRESS	CITY	STATE	ZIP CODE

5. CONTACT PERSON

List the name and address of the person upon whom all "Service of Process" shall be made on behalf of the applicant and to be contacted in the event of any other problems or questions (person need not be an Illinois resident).

NAME			
ADDRESS	CITY	STATE	ZIP CODE

B. APPLICANT INFORMATION

6. Applicant is the:

- _____ Actual Manufacturer of the products described herein.
- _____ Primary United States importer of products described herein which are manufactured outside of the United States **(Provide an appointment letter from the manufacturer).**
- _____ Duly registered agent of the manufacturer or duly registered agent of the primary U.S. importer of products described herein. **(Provide an appointment letter from the manufacturer).**

7. (a) List, alphabetically, on separate sheet and attach, all of the alcoholic beverage products for **distribution in Illinois**, which **you manufacture**, by their full product name as shown on their federally (BATF) approved labels.
- (b) If you are not the actual manufacturer of any given alcoholic beverage product(s) which you distribute for sale within Illinois, list alphabetically, by manufacturer on a separate sheet, all of the alcoholic beverage products which you distribute as primary United States importer or duly registered agent.

NOTE: THE ANSWERS TO QUESTIONS 7(a) AND 7(b) DO NOT FULFILL THE SEPARATE REGISTRATION REQUIREMENTS SET FORTH IN SECTION 5/6-9 OF THE ACT AND SECTION 100.60 OF THE RULES OF THE COMMISSION. THE SAME ARE TO BE REPORTED ON THE REGISTRATION FORM OF THIS COMMISSION. PRODUCTS NOT SO REGISTERED MAY NOT BE DISTRIBUTED IN ILLINOIS EVEN IF A NON-RESIDENT DEALER'S LICENSE IS SECURED. CHANGES IN PRODUCTS LISTED ON THIS FORM AND ON THE REGISTRATION FORM MUST BE MADE PRIOR TO SHIPMENT OF PRODUCTS INTO ILLINOIS.

8. Have all Registration Statements required by Section 5/6-9 of the Act and Section 100.60 of the Rules of the Commission been filed by the person who owns or controls the brands listed above? Yes _____ No _____
9. Has a pre-approved copy of the "BATF Application for Label Approval" been filed for each and every product listed in your answer to Question #7 and on your Registration Statement(s)? Yes _____ No _____
10. List the name(s) and address(es) of all Illinois distributors who are currently registered under Section 5/6-9 to distribute these products. (Attach a separate sheet if needed)

NAME OF ILLINOIS DISTRIBUTOR	ADDRESS OF ILLINOIS DISTRIBUTOR

11. Is the Applicant currently licensed in any capacity, other than a Non-resident Dealer, by this Commission? Yes _____ No _____
If yes, give name of licensee and current State liquor license no.

NAME	CURRENT ILLINOIS LIQUOR LICENSE NO.

12. Is any subsidiary, affiliate, officer, associate, member, partner, representative, employee, agent, shareholder of the applicant OR the manufacturer for whom you act as primary United States importer or agent OR is the manufacturer itself currently licensed in any capacity, other than a Non-resident Dealer, by this Commission? Yes _____ No _____ If yes, give name(s) of licensee(s) and current State liquor license no.(s). (Attach additional sheet(s), if necessary)

NAME	CURRENT ILLINOIS LIQUOR LICENSE NO.
NAME	CURRENT ILLINOIS LIQUOR LICENSE NO.

B. APPLICANT INFO (cont'd.)

13. If applicant warehouses liquor in Illinois, give address

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

14. Name/Title/Phone No. of person completing this application.

NAME	TITLE	TELEPHONE NO.

C. OWNERSHIP INFORMATION

For each owner/officer/partner/5% or greater shareholder, provide the following: 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 d. below:

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

AFFIDAVIT

The above information is supplied for the purpose of inducing the Illinois Liquor Control Commission to issue a Non-resident Dealer's license to the applicant herein and is true and correct, and made upon my personal knowledge and information. I further swear or affirm that 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.

Signature of Applicant or Authorized Agent

Signature of Applicant or Authorized Agent

Title or Position

Title or Position

Date Signed

Date Signed

NOTE: If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign, or duly authorized corporate representative.

Schedule L Instructions

General Information

Who must file this schedule?

You must file Schedule L, Out-of-state Sellers' Shipment Report, if you are a seller located outside of Illinois and make shipments of alcoholic liquors into Illinois.

When and where do I file Schedule L?

You must file Schedule L on or before the fifteenth day of each month for the preceding month.

Note: You must file Schedule L even if you made no shipments during the reporting period.

Mail your completed schedule to



**LIQUOR AND CIGARETTE TAX SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477**

What if I need assistance?

If you have questions about Schedule L, call our Springfield office weekdays from 8:00 a.m. to 4:30 p.m. at 217 785-2622 or write to us at the address listed above.

Step-by-Step Instructions

Step 1: Identify your business and type of transaction

- a Write your business' name, address, and Illinois Business Tax number (IBT no.) that has been issued to you by us. Also, tell us your Federal Employer Identification number (FEIN) and the tax period for which you are filing this schedule.
- b Check here if you had **no** shipments to report during this reporting period.

Step 2: Tell us about the alcoholic liquors you shipped into Illinois

You must provide invoice number (include the invoice date) and purchasers' account number.

Tell us the name and address of whom you sold or shipped the alcoholic liquors you are reporting.

Report the total actual **wine** gallonage equivalent for each class of alcoholic liquor per invoice number.

Grand total:

- If you are filing only one page, copy the "**Page subtotal**" amounts to the "**Grand total**" lines.
- If you are filing multiple pages, add all "**Page subtotals**" together for each liquor class and write each sum on the appropriate "**Grand total**" line on the last page.



State of Illinois
LIQUOR CONTROL COMMISSION
100 WEST RANDOLPH, SUITE 7-801, CHICAGO, IL 60601
PH: 312-814-2206 FAX: 312-814-2241 TDD (312) 814-1844

**APPLICATION FOR REGISTRATION
MANUFACTURER'S REGISTERED AGENT**

CURRENT LIQUOR LICENSE NO. _____

TYPE OR PRINT INFORMATION

APPLICANT'S NAME (Business, Partnership, Corporation)	APPLICATION DATE
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DBA OR TRADE NAME	BUSINESS PHONE
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BUSINESS STREET ADDRESS

CITY	STATE	ZIP
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NAME, ADDRESS, PHONE OF MANUFACTURER'S AGENT(S) FOR WHICH IDENTIFICATION CARD IS REQUESTED. FOR EACH INDIVIDUAL LISTED, THE APPLICANT MUST ATTACH A STATEMENT OF REPRESENTATION. *ATTACH ADDITIONAL SHEETS, IF NECESSARY.*

NAME	PHONE
------	-------

ADDRESS, CITY, STATE, ZIP CODE

NAME	PHONE
------	-------

ADDRESS, CITY, STATE, ZIP CODE

NAME	PHONE
------	-------

ADDRESS, CITY, STATE, ZIP CODE

DOES THE APPLICANT OR ASSOCIATE HOLD ANY RETAIL ALCOHOL BEVERAGE LICENSE, OR ANY FINANCIAL OR OTHER INTEREST IN SUCH A LICENSE OR ESTABLISHMENT? NO YES IF YES, DESCRIBE AND PROVIDE CURRENT LICENSE NUMBER.

HAS THE APPLICANT, PARTNERS OR OFFICERS, EVER BEEN CONVICTED OF ANY VIOLATION OF THE ILLINOIS LIQUOR CONTROL ACT OR A FELONY IN THIS STATE, ANY OTHER STATE, OR UNDER FEDERAL LIQUOR LAWS? NO YES IF YES, GIVE FULL DETAILS.

PRINT FULL NAME AND TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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NOTE:
IDENTIFICATION CARDS MUST BE OBTAINED FOR EACH SALES REPRESENTATIVE EMPLOYED.
CARDS EXPIRE CONCURRENT WITH MANUFACTURER'S LIQUOR LICENSE.

State of Illinois
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**STATEMENT OF REPRESENTATION
REGISTRATION OF MANUFACTURER'S AGENT**

I _____ as _____
(Name) (Title)

for _____ have a contractual
(Name of Manufacturer)

agreement with _____
(Name of Manufacturer's Agent)

to represent and promote our products. This agreement covers the following territory(ies):

I understand that under Illinois Law:

Registration of agents, representatives, or persons acting on behalf of a manufacturer is fulfilled by submitting a form to the Commission. The form shall be developed by the Commission and shall include the name and address of the applicant, the name and address of the manufacturer he or she represents, the territory or areas assigned to sell to or discuss pricing terms of alcoholic liquor, and any other questions deemed appropriate and necessary. All statements in the forms required to be made by law or by rule shall be deemed material, and any person who knowingly misstates any material fact under oath in an application is guilty of a Class B misdemeanor. Fraud, misrepresentation, false statements, misleading statements, evasions, or suppression of material facts in the securing of a registration are grounds for suspension or revocation of the registration. 235 ILCS 5/5-1

Signature of Manufacturer's Agent Social Security Number Date of Birth Date

Signature of Manufacturer Title Date