



State of Illinois Liquor Control Commission

Governor Pat Quinn Acting Chairman Stephen Schnorf

FREEDOM OF INFORMATION ACT REQUEST

Contact: Illinois Department of Revenue FOIA Officer

Tel: (217) 782-0985 Fax: (217) 524-3402

Requestor's Name, Firm or Other Affiliation

Requestor's Street Address

City, State, Zip Code

Telephone (Including area code)

Requestor's Email Address

Requestor's Signature and Date of Request

Business Organization or Status :

- Private, For-Profit, Commercial
- Private, Not-For-Profit
- Media
- Student, Researcher
- Industry Association
- Attorney, Litigants
- Unit of Local, National Government
- Other State Agencies

(Below box for official use only)

DESCRIPTION OF INFORMATION REQUESTED (If requesting license information, please indicate if you require a copy of the license, including the valid date required, or the license application):

Copies ___ Inspect Documents ___ Special Request (Must use FOIA Page 2 Data Request Form) ___

REASON FOR REQUEST:

Is this FOIA request for a commercial purpose? Yes ___ No ___

Please note that it is a violation of the Freedom of Information Act to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body (5 ILCS 140/3.1).

- APPROVED: Requested information is enclosed.
 Information will be produced upon receipt of payment of \$_____.
 Information may be inspected at this office on _____, 20__.
- DENIED: Request creates an undue burden on a public body in accordance with §3(f) of the Illinois Freedom of Information Act, and this office was not able to negotiate a more reasonable request.
 Information requested are exempt under §7___ of the Illinois Freedom of Information Act for the Following Reasons:_____.
- DEFERRED: In accordance with §3(d) of the Illinois Freedom of Information Act, the request is delayed for the following reasons:_____.
 You will be notified by _____, 20__, as to the action taken on the request.

RIGHT OF APPEAL: You have a right to have the denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Attorney General. 5 ILCS 140.9.5(a). You can file your Request with the PAC by writing to: Public Access Counselor, Office of the Attorney General, 500 South 2nd Street, Springfield, Illinois 62706 (Fax: 217-782-1396' E-mail: publicaccess@atg.state.il.us). You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11.

Freedom of Information Officer

Date of Reply

Email request to: REV.FOIA@illinois.gov

(Or mail to: Illinois Dept. of Revenue FOIA Officer, 101 W. Jefferson St, MC 6-595, Springfield, IL 62702)



State of Illinois Liquor Control Commission

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DATA REQUEST FORM

Contact: Illinois Department of Revenue FOIA Officer

Tel: (217) 782-0985 ♦ Fax: (217) 524-3402

Requestor's Name, Firm or Other Affiliation

Contact Name

Telephone

Requestor's Street Address

City, State, Zip Code

Date of Request

DATA FIELD INFORMATION: (Check all boxes to be included on the requested report)

CORPORATION

- Corporate name
- Corporate Address
- Illinois Business Tax (IBT) Number

DOING BUSINESS AS (D/B/A)

- D/B/A Name
- D/B/A Address
- D/B/A Telephone
- D/B/A County
- Retail Type (On/Off Premises)

STATE LICENSE

- License number
- License Class
- Issue Date
- Expiration Date

LOCAL LICENSE

- Local License Number
- Local License Issue Date
- Local License Expiration
- License Licensing Authority (Municipality/County)

DATA SELECTION CRITERIA : (If requesting multiple zip codes, cities, or counties, attach a separate sheet as needed.)

TIME PERIOD: From _____ to _____

STATUS: Active Licensees _____ All Others _____

ZIP CODE(S): _____ CITY(S) _____ COUNTY(S) _____

LICENSE CLASS: (Check all boxes to be included on the requested report)

MANUFACTURERS

- Distiller
- Rectifier
- Brewer
- Wine Maker (1st Class)
- Wine Maker (2nd Class)
- Limited Wine Manufacturer
- Wine Manufacturer (1st Class)
- Wine Manufacturer (2nd Class)

DISTRIBUTORS

- Distributor
- Distributor/Importing Distributor
- Distributor/Importing Distributor/
Foreign Importing Distributor

RETAILERS

- On Premises Retailer
- Off Premises Retailer
- Combined Retailer
- Wine Maker Retailer
- Brew Pub
- Caterer
- Auction

OTHERS

- Non-Beverage Users
- Non-Resident Dealers
- Airplane
- Boat
- Railroad
- Broker

DATA SORTING SEQUENCE: (If Name is selected you must indicate if it is Business Name or D/B/A Name.)

PRIMARY SORT FIELD: _____

Ascending (A - Z)

SECONDARY SORT FIELD: _____

Descending (Z - A)

ELECTRONIC DATA SELECTION FORMAT: (Small data requests only indicated with *)

- Data - DBF/FoxPro
- Data - DBF/FoxPlus
- Spreadsheet - Lotus (WKS)
- Spreadsheet - Lotus (WK1)*
- Spreadsheet - Excel (XLS)*

- ASCII SDF (Fixed Length)
- ASCII Delimited (Standard)
- Mail Merge (Microsoft Word)
- Mail Merge (WordPerfect 5.X)
- Mail Merge (Generic Word Processing)

DELIVERY CRITERIA: (Small data requests only indicated with *)

MEDIA SELECTION

- Printed Report*
- Diskette (3 1/2")
- CD - ROM

FREQUENCY OF RECEIPT

- One-Time Request
- Yearly
- Quarterly
- Monthly
- Weekly

REQUESTED DELIVERY DATE

- ASAP
- End of Month
- End of Week
- Other: _____

Please allow for additional time for the production of large data requests. At this time the Commission is unable to send data requests via e-mail. If requesting information stored magnetically(3 1/2" Floppy Diskette) the Commission cannot be responsible for any loss of data occurring in transit. For non-technical assistance with your request, please contact the Illinois Department Of Revenue Freedom of Information Officer at the number provided.

Mail to: Illinois Department of Revenue, 101 W Jefferson Street, MC 6-595, Springfield, IL 62702