



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

101 W. JEFFERSON ST., SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

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 5/6-9 of the Illinois 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, item 10).

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.

- | | |
|---|-----------------|
| A. <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: \$350.00 |
| <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: \$1,500.00 |

Please include the following REQUIRED supporting documents:

- 1) Registration Statement;
- 2) 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 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
- 3) **Schedule RL-26-L, Out-of-State Sellers' Shipment Report**. Please call the Illinois Department of Revenue at 217 785-2622 for more information or assistance;
- 4) Form IL 567-0053, Application for Registration - Manufacturer's Registered Agent (if applicable*); and
- 5) Form IL 567-0054, 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.

B. APPLICANT INFORMATION

6. Applicant is the:

- Actual manufacturer of the products described herein.
- Primary U.S. 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 separate sheet, all of the alcoholic beverage products which you distribute as the primary U.S. 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 number.

| NAME | CURRENT ILLINOIS LIQUOR LICENSE NUMBER |
|------|--|
| | |

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 number(s). (Attach additional sheet(s), if necessary)

| NAME | CURRENT ILLINOIS LIQUOR LICENSE NUMBER |
|------|--|
| | |
| | |

B. APPLICANT INFORMATION (Cont'd)

13. If applicant warehouses liquor in Illinois, provide the street address, city, state, ZIP code and county of the warehouse.

| ADDRESS | CITY | STATE | ZIP CODE | COUNTY |
|---------|------|-------|----------|--------|
| | | | | |

14. Name, title and phone number of person completing this application.

| NAME | TITLE | AREA CODE/PHONE NUMBER (Home, cell, etc.) |
|------|-------|---|
| | | () |

C. OWNERSHIP INFORMATION

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP code, Social Security number, date of birth, sex, title/position, home telephone number, and ownership percentage. Total ownership percentage should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line d.

a.

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

- d. Total percentage of all stock held by all persons with less than five percent 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

Date

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.

**Illinois Liquor Control
Commission**



**Bruce Rauner
Governor**

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

| | | | |
|--|------|----------------------------------|----------------------------|
| TYPE OR PRINT INFORMATION | | | CURRENT LIQUOR LICENSE NO. |
| APPLICANT'S NAME <small>Business, Partnership, Corporation</small> | | APPLICATION DATE | |
| DOING BUSINESS AS (DBA) | | BUSINESS TELEPHONE NUMBER () | |
| BUSINESS STREET ADDRESS | CITY | STATE | ZIP CODE |

CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

| | | |
|-------------------------------------|------------------------------|--|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER () | ALTERNATE PHONE NUMBER (Home, Cell, etc.) () |
| EMAIL ADDRESS | FAX NUMBER () | |

MANUFACTURER'S AGENTS

Please list the name, address, phone number and email address of manufacturer's agent(s) for which identification cards are requested. For each individual listed, the applicant must attach a statement of representation. Attach additional sheets if necessary.

| | | |
|-------------------------------------|------------------------------|--|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER () | ALTERNATE PHONE NUMBER (Home, Cell, etc.) () |
| EMAIL ADDRESS | FAX NUMBER () | |

| | | |
|-------------------------------------|------------------------------|--|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER () | ALTERNATE PHONE NUMBER (Home, Cell, etc.) () |
| EMAIL ADDRESS | FAX NUMBER () | |

| | | |
|-------------------------------------|------------------------------|--|
| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER () | ALTERNATE PHONE NUMBER (Home, Cell, etc.) () |
| EMAIL ADDRESS | FAX NUMBER () | |

YES **NO** Does the applicant or associate hold any retail alcohol beverage license or any financial or other interest in such a license or establishment? If yes, describe and provide current license number: _____

YES **NO** Has the applicant, partners or officers ever been convicted of any violation of the Illinois Liquor Control Act of a felony in this state, any other state, or under federal liquor laws? If yes, please give full details.

| PRINT FULL NAME AND TITLE OF APPLICANT | SIGNATURE OF APPLICANT | DATE |
|--|------------------------|------|
| | | |

NOTE: Identification cards must be obtained for each sales representative employed. Cards expire concurrent with the manufacturer's liquor license.

**Illinois Liquor Control
Commission**



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**STATEMENT OF REPRESENTATION
REGISTRATION OF MANUFACTURER'S AGENT**

I, _____ as _____

NAME TITLE

for _____ have a contractual agreement

NAME OF MANUFACTURER

with _____ to represent and promote our

NAME OF MANUFACTURER'S AGENT

products. This agreement covers the following territories:

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 |
|---------------------------|-------|------|
| | | |

CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

| CONTACT PERSON'S NAME (First, Last) | BUSINESS PHONE NUMBER | ALTERNATE PHONE NUMBER (Home, Cell, etc.) |
|-------------------------------------|-----------------------|---|
| | () | () |
| EMAIL ADDRESS | FAX NUMBER | |
| | () | |

NOTE: Identification cards must be obtained for each sales representative employed. Cards expire concurrent with the manufacturer's liquor license.



Schedule L

Out-of-state Sellers' Shipment Report

Read this information first

Page ____ of ____

- Make a copy of this schedule before completion if you need to report more than provided for here. After you have completed your schedule(s), make a photocopy and retain the copy for your records.

Step 1: Identify your business

a Name: _____

Account ID: _____

Address: _____
Number and street

License number: LM - _____

City _____ State/Province _____ ZIP _____

FEIN: _____ - _____
Federal Employer Identification number

Country/Territory: _____

Liability period: ____ / ____ / ____ (Month/Year)

b Check here if you had no shipments to report during this tax period. Telephone: (____) _____ - _____ Ext: _____

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

| Invoice no. and date | FEIN of whom you sold and shipped to | Name and complete address of whom you sold and shipped to | Equivalent in wine gallons | | | |
|----------------------|--------------------------------------|---|----------------------------|----------------------|-------------------------|---------------------|
| | | | Cider 0.5 % to 7% or beer | Alcohol 14 % or less | Alcohol > 14% and < 20% | Alcohol 20% or more |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ____/____/____ | _____ | _____ | _____ | _____ | _____ | _____ |

035611110

Page subtotal _____

Grand total _____

Schedule L Instructions

General Information

Step-by-Step Instructions

Who must file this schedule?

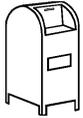
You must file Schedule L, Out-of-state Sellers' Shipment Report, if you are a seller located outside of Illinois and make shipments of alcoholic liquors into Illinois.

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



**ALCOHOL, TOBACCO AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477**

Note: If you prefer, you can file Form RL-26-L using our Web-File program at tax.illinois.gov.

What if I need assistance?

If you have questions about Schedule L, call us weekdays from 8:00 a.m. to 4:30 p.m. at **217 782-6045** or write to us at the address listed above.

Step 1: Identify your business and type of transaction

- a Write your business' name, address, License number, (issued by us) and Account ID. Also, tell us your Federal Employer Identification number (FEIN) and the liability 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 the invoice number (include the invoice date) and purchasers' FEIN 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.

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