• Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents to LCC.Licensing@illinois.gov for review and processing.

• License fee payments shall be made by check through the mail within 3-7 business days to the Illinois Liquor Control Commission 100 W Randolph Suite 7-801, Chicago, IL 60601 or 300 W Jefferson Suite 300, Springfield, IL 62702.

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

Application for State of Illinois Class 1/Class 2 Brewer'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. CURRENT ILLINOIS LIQUOR LICENSE NUMBER

If applicable, enter your current Illinois Brewer/NRD License number in the box to the right. Current licensees: Please ensure all your brands/products are registered in the State of Illinois. If your brands are not properly registered, please complete the Registration Statement and attach copies of your federal label approvals.

ILLINOIS LIQUOR LICENSE # (IF APPLICABLE)

B. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) AND ILLINOIS SALES TAX ACCOUNT ID)

Enter your nine-digit **Federal Employer Identification Number (FEIN)** in the box. If you need to obtain a FEIN, call 1 800 829-3676 for information on how to apply for and obtain the forms you need. Enter your eight-digit **Illinois Department of Revenue Sales Tax Account ID.** If you need to obtain this number, visit **tax.Illinois.gov**, click on "Businesses" then "How do I Register" under the Business Registration section. If you have any questions, call 217 785-3707. **You MUST have both of these numbers in order for a license to be issued.**

FEIN #

ILLINOIS SALES TAX ACCOUNT ID

RECEIVED
MAY 24 2021
LICENSING DIVISION
ILCC

C. TELEPHONE

Enter the area code, telephone number and extension of the applicant or applicant representative.

AREA CODE/TELEPHONE NO.	EXT.

D. NAME

Enter the name of the sole proprietorship, 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 federal brewer's notice.

NAME
Mountains Walking Brewery Inc

E. MAILING ADDRESS/BREWERY ADDRESS

In Line E1, enter the street address, city, state, and ZIP code of the sole proprietorship, corporation, etc.
In Line E2, enter the street address, city, state, and ZIP code of the brewery location.

	MAILING ADDRESS	CITY	STATE	ZIP CODE
E1				
	BREWERY LOCATION ADDRESS	**CITY**	**STATE**	**ZIP CODE**
E2	422 N Plum Street	Bozeman	MT	59715

F. CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact 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**
		( )

2. STATUS OF BUSINESS

Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Illinois 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 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; or in the case of a limited liability company, the date of formation of such entity.

A. ☐ Sole Proprietorship — 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 five percent.

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 aggregate stock equal to or more than five percent, (including officers, directors and shareholders with stock equal to or more than five percent 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 five percent interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application. **Before completing this section, check the questions in Section 5 - Eligibility.**

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 E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
Dose, Gustav						
SOCIAL SECURITY NO.	**DATE OF BIRTH**	**SEX**	**TITLE/POSITION**	**AREA CODE/HOME TELEPHONE NO.**		**% OWNED**
			President	( )		96

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.

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**
				( )		

E. Total percentage of all stock held by all persons with less than five percent interest. 4 %

4. CLASS 1 BREWER APPLICANTS ONLY

CLASS 1 BREWER SELF-DISTRIBUTION EXEMPTION AFFADAVIT:

1. The undersigned affirms it has applied for or currently possesses an Illinois Brewer's License or Illinois Non-resident Dealer License.

2. The undersigned affirms that neither it, nor its officers, managers, partners, or owners who own more than five percent, and any of its agents or affiliates annually produce 930,000 gallons (30,000 barrels) or more of beer per year.

3. The undersigned affirms that neither it, nor its officers, managers, partners, or owners who own more than five percent, and any of its agents or affiliates annually sell or transfer more than 232,500 gallons (7,500 barrels) of beer to retail license holders.

4. The undersigned affirms that it does not hold another manufacturer's class liquor license.

5. The undersigned affirms that it has contacted licensed distributors for the purpose of establishing distributor relationships.

6. The undersigned affirms that it contacted the following distributors and requested distribution of its beer and all distributors declined the request:

NAME OF DISTRIBUTOR	CONTACT PERSON	DATE
H2Vino	Dave Thomas	05/10/21

7. The undersigned affirms that its annual production level for each of the past 10 years was:

	YEAR	TOTAL GALLONS/BARRELS		YEAR	TOTAL GALLONS/BARRELS
A.	2017	133bbl	F.		
B.	2018	709bbl	G.		
C.	2019	1160	H.		
D.	2020	2458	I.		
E.			J.		

8. The undersigned affirms that it does not hold a Brew Pub License or any other retail license (not including a local retail license) for its brewer location.

9. The undersigned affirms that it does not conduct retail sales from more than three other commonly owned and operated brewer locations.

I swear, under penalty of perjury, that all representations made herein are true and correct and, if the representations are found to be untrue, the Commission will have the authority to revoke all licenses held by the affiant and all licenses affected by affiant's false representations.

PRINT FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
Gustav Dose	DocuSigned by: Gustav Dose E9AA245916C8414...	5/13/2021

5. ADDITIONAL QUESTIONS

The term "applicant" applies to the business entity and its officers, managers, partners, owners who own more than five percent and any of its agents or affiliates.

CLASS 1 BREWER:

1. ☐ YES ☒ NO DOES THE APPLICANT HOLD A BREW PUB LICENSE?
2. ☐ YES ☒ NO DO YOU INTEND TO SELL BEER TO THE GENERAL PUBLIC FROM THIS LOCATION? IF YES, YOU WILL NEED A LOCAL LIQUOR RETAILER LICENSE FROM YOUR LOCAL MUNICIPALITY.
3. ☐ YES ☒ NO DOES APPLICANT CURRENTLY HOLD A LICENSE TO MANUFACTURE ALCOHOLIC LIQUOR IN ILLINOIS OTHER THAN LICENSES ISSUED TO THIS APPLICANT LOCATION?
4. ☐ YES ☒ NO DOES THE APPLICANT CURRENTLY HOLD A CLASS 2 BREWER'S LICENSE?

CLASS 2 BREWER:

1. ☐ YES ☐ NO **DOES THE APPLICANT HOLD A BREW PUB LICENSE? IF YES, PLEASE LIST THE ADDRESS(ES) BELOW:**

ADDRESS	CITY	STATE	ZIP CODE

2. ☐ YES ☐ NO **INCLUDING BREW PUBS LISTED IN THE PREVIOUS QUESTION, DOES THE APPLICANT CURRENTLY HOLD A LOCAL LICENSE TO CONDUCT RETAIL SALES IN ILLINOIS? (INCLUDE ALL CLASS 2 BREWER LOCATIONS, IF APPLICABLE.) IF YES, PLEASE LIST THE ADDRESS(ES) BELOW:**

ADDRESS	CITY	STATE	ZIP CODE

3. ☐ YES ☐ NO **DOES APPLICANT CURRENTLY HOLD A CLASS 1 BREWER'S LICENSE?**

6. HOURS OF OPERATION

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

MON	TUES	WED	THUR	FRI	SAT	SUN

7. MANUFACTURER'S REGISTERED AGENT REQUIREMENTS

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".

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, photocopies, or faxed copies 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 FIVE PERCENT OR MORE OF THE BUSINESS.)

DocuSigned by:
Gustav Dose
E9AA245918C6414...

SIGNATURE OF APPLICANT/AUTHORIZED AGENT	TITLE/POSITION	DATE
	President	5/13/2021

Registration Statement

(Illinois Compiled Statutes, Chapter 235)

TO THE ILLINOIS LIQUOR CONTROL COMMISSION:

Pursuant to the requirement of Section 6-9 of the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et.seq., the undersigned, a

_____

(Insert -- Manufacturer, Distributor, Importing Distributor, or Non-resident Dealer)

does hereby register with said Commission the following named persons or companies as being the only ones to whom the undersigned has granted the right to sell or distribute at wholesale within the State of Illinois, one or more of those alcoholic liquors which bear trademarks, brands or names owned or controlled by the undersigned. The undersigned does hereby further register opposite the name of said persons or companies, the respective trademarks, brands or names, owned or controlled by the undersigned, concerning which said persons have been given such distributing rights and the respective geographical territories for which such distributing rights have been given to said persons or companies, and the period of time for which such rights are granted to such person.

NAME, ADDRESS, CITY, STATE AND ZIP CODE OF WHOLESALER	TRADEMARK BRAND, OR NAME OF ITEM	GEOGRAPHICAL TERRITORY	TIME PERIOD
Self Distribution	Grazing Clouds Hazy IPA	IL	Until Further

CORPORATE NAME: Mountains Walking Brewery Inc

ADDRESS: 422 N Plum Street
(Street Number)

Bozeman, MT 59715
(City or Town)

SIGNATURE: Gustav Dose
(Authorized Person)

SIGNED BY: President
(Title)

DATE: 5/13/2021

STATE LICENSE # _____ EXP. DATE _____

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Liquor Control Act of 1934, 235 ILSC 5/6-9. Disclosure of this information is MANDATORY.

Failure to provide any information will result in nonissuance of your license and/or nonregistration of your products.