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**APPLICATION FOR STATE OF ILLINOIS CLASS 1 AND
CLASS 2 BREWER'S LICENSE**

**All new applicants can email completed applications and attachments to
LCC.Licensing@illinois.gov**

CLASS 1 BREWER'S LICENSE

FEE: \$75.00

SUMMARY:

- 930,000 gallons (30,000 barrels) production limit
- Self-distribution eligible
- May not hold a Brew Pub License

DEFINITION: A "Class 1 Brewer" is a licensed brewer or licensed non-resident dealer who manufactures not more than 930,000 gallons (30,000 barrels) of beer per year and is not a member of, or affiliated with - directly or indirectly - a manufacturer that produces more than 930,000 gallons (30,000 barrels) of beer or any other alcoholic liquor per year. A Class 1 Brewer may make sales and deliveries to distributors and importing distributors. A Class 1 Brewer may make application to the Commission for a self-distribution exemption to allow the sale of not more than 232,500 gallons (7,500 barrels) of the exemption holder's beer to retailers annually [235 ILCS 5/3-12(18)(a) of the Liquor Control Act].

CLASS 2 BREWER'S LICENSE

FEE: \$100.00

SUMMARY:

- 3,720,000 gallons (120,000 barrels) production limit
- Not eligible to self-distribute
- May transfer to commonly-owned Class 2 brewer locations up to 3,720,000 gallons (120,000 barrels) of manufactured beer
- May hold no more than three (3) Brew Pub Licenses

DEFINITION: A Class 2 Brewer is a licensed brewer or licensed non-resident dealer, who is not a Class 1 Brewer, who manufactures up to 3,720,000 gallons (120,000 barrels) of beer per year provided that the Class 2 Brewer licensee is not a member of, or affiliated with - directly or indirectly - a manufacturer that produces more than 3,720,000 gallons (120,000 barrels) of beer per year or any other alcoholic liquor. A Class 2 Brewer licensee may make sales and deliveries to distributors and importing distributors, but shall not make sales or deliveries to any other licensee. If the Commission provides prior approval, a Class 2 Brewer licensee may annually transfer up to 3,720,000 gallons (120,000 barrels) of beer manufactured by that Class 2 Brewer licensee to the premises of a licensed Class 2 Brewer wholly owned and operated by the same licensee [235 ILCS 5/3-12(18)(a) of the Liquor Control Act].

The following documents MUST be attached for either a Class 1 or Class 2 Brewer's License:

- 1) Copy of your current State of Illinois **Manufacturer's (Brewer's) Liquor License** or, for out-of-state breweries, a copy of your current State of Illinois **Non-resident Dealer's License AND** a copy of your current State of Illinois **Out-of-State Manufacturer's (Brewer's) Liquor License**.
- 2) Copy of your federal brewer's notice. Visit the Federal Tax and Trade Bureau's website at www.ttb.gov to download a copy or call 1 877 882-3277 for more information.
- 3) Copy of all Federal Label Approval(s) (COLAs). **Note:** Federal label approvals may not be required if you are not bottling your product.
- 4) Completed Registration Statement.
- 5) Department of Revenue Financial Bond (REG 4-A or REG 4-D)

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
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.

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. CLASS 1 BREWER APPLICANTS ONLY

CLASS 1 BREWER SELF-DISTRIBUTION EXEMPTION AFFIDAVIT:

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. _____	_____	F. _____	_____
B. _____	_____	G. _____	_____
C. _____	_____	H. _____	_____
D. _____	_____	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

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.)

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

General Information

Who must submit a bond?

Form REG-4-A, Financial Responsibility Bond, or Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, is required to complete your registration to be licensed as a

- cigarette distributor
- cigarette machine operator
- liquor distributor
- direct wine shipper
- liquor airline
- tobacco products distributor
- motor fuel distributor
- motor fuel supplier
- motor fuel receiver

Note: International Fuel Tax Agreement (IFTA) carriers may be required to obtain a bond.

You must complete **either** Form REG-4-A **or** Form REG-4-D to obtain a bond. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond.

How do I obtain a bond using Form REG-4-A?

You must provide Form REG-4-A to the insurance company that will be providing your bond. A separate bond is required for each location.

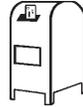
What is required for Form REG-4-A?

All signatures and seals must be original. We will not accept copies, faxes, etc., as proof of bond coverage. Duplicate originals must be marked as such and must meet the same requirements as the original bond form. You must attach a power of attorney stating the attorney-in-fact's name.

If any of the above requirements are not met, we will not accept the bond and it will be returned for correction.

Where do I send my Form REG-4-A?

Mail your completed Form REG-4-A with any required attachments to us at



**CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19039
SPRINGFIELD IL 62794-9039**

If you have questions regarding Form REG-4-A, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 558-7425**.

Specific Instructions

Part 1: Financial responsibility bond type and number

Line a, Bond type - The bond type must match the tax type for which the bond is being issued.

Line b, Financial responsibility bond number - This number is assigned by the surety company and must be present on the bond.

Part 2: Taxpayer and financial institution information

Taxpayer's name and address - The name and address must be identical to the information that you have registered with us. The address must be the physical location of your business; mailing addresses, PO Boxes, and other addresses are not acceptable.

Name and address of surety - The name and address of the surety company executing the bond must be present.

Bond amount - The amount of bond coverage must be entered on this line.

Notification of cancellation - The surety company may conditionally cancel the bond by filing a written notice with IDOR by registered or certified mail within **90** days.

Part 3: Financial responsibility bond signatures and seal requirements

Signed and sealed date - The date the bond was signed by the surety company and their seal was affixed to the bond form.

Effective date - This is the date the bond coverage will begin.

Surety seal - The corporate seal of the surety company must be affixed to the bond form.

Principal's signatures - The organization type of your business determines the signature requirements. If your company is a

Corporation - Two signatures are required. The president and corporate secretary must *both* sign the bond. If no individual is identified as the corporate secretary, another officer of the company may sign the bond.

Partnership - Two signatures are required. Two partners must *both* sign the bond.

Proprietorship - One signature is required. The sole proprietor must sign the bond.

Limited Liability Company (LLC) filing as a corporation, partnership, or single member - One signature is required. Any manager or member of the LLC may sign the bond.

Surety signature - A surety company attorney-in-fact must sign *and* print his or her name. The name of the individual who signs for the surety company must appear on the required power of attorney attached to the bond.

Countersignature - A countersignature is only required if an independent insurance company is writing the bond agreement on behalf of the surety company. Provide the name and address of the independent agent.

Power of attorney - An original power of attorney must accompany the bond.



REG-4-A 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 _____ (as surety)
Name and address of 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 **90** days. However, cancellation does not discharge the surety from any liability previously accrued under this bond or that may accrue before the **90** days expire.

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 company attorney-in-fact's signature

Second principal's signature, if applicable

Attorney-in-fact's printed name

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: _____

General Information

Who must submit a bond?

Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, or Form REG-4-A, Financial Responsibility Bond, is required to complete your registration to be licensed as a

- cigarette distributor
- cigarette machine operator
- liquor distributor
- direct wine shipper
- liquor airline
- tobacco products distributor
- motor fuel distributor
- motor fuel supplier
- motor fuel receiver

Note: International Fuel Tax Agreement (IFTA) carriers may be required to obtain a bond.

You must complete **either** Form REG-4-D **or** Form REG-4-A to obtain a bond. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond.

How do I obtain a bond using Form REG-4-D?

You must provide Form REG-4-D to the financial institution that will be providing your bond. A separate bond is required for each location.

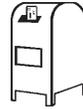
What is required for Form REG-4-D?

All signatures and seals must be original. We will not accept copies, faxes, etc., as proof of bond coverage. Duplicate originals must be marked as such and must meet the same requirements as the original bond form.

If any of the above requirements are not met, we will not accept the bond and it will be returned for correction.

Where do I send my Form REG-4-D?

Mail your completed Form REG-4-D with any required attachments to us at



**CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19039
SPRINGFIELD IL 62794-9039**

If you have questions regarding Form REG-4-D, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 558-7425**.

Specific Instructions

Part 1: Financial institution letter of credit bond type and number

Line a, Bond type - The bond type must match the tax type for which the bond is being issued.

Line b, Financial institution irrevocable letter of credit number - This number is assigned by the financial institution and must be present on the bond.

Line c, Bond amount - The amount of bond coverage must be entered on this line.

Part 2: Taxpayer and financial institution information

Taxpayer - The name and address must be identical to the information that you have registered with us. The address must be the physical location of your business; mailing addresses, PO Boxes, and other addresses are not acceptable.

Financial institution - The name and address of the financial institution executing the bond must be present.

Part 3: Effective and maturity date of bond

Effective date - This is the date the bond coverage will begin.

Maturity date - This is the date on which the letter of credit will mature.

Part 4: Bond conditions

The letter of credit must be written for a minimum of one year and be automatically renewable for successive one-year periods unless we receive written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

Name, title, and signature - These lines must be completed by the financial institution officer authorizing the letter of credit.

Part 6: Financial institution seal

Financial institution seal - An official seal must be affixed in Part 6. If the financial institution does not have an official seal, a letter, on financial institution letterhead, stating that the financial institution does not have an official seal must accompany the letter of credit.



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

Street address

City

State

ZIP

Name

Street address

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 the drafts drawn against 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: _____