



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

300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

**APPLICATION FOR STATE OF ILLINOIS
CLASS 1 & CLASS 2 CRAFT DISTILLERS' LICENSE**

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

CLASS 1 CRAFT DISTILLER'S LICENSE

FEE: \$75.00

SUMMARY:

- 50,000 gallons production limit
- Self-distribution eligible
- May not hold a Distilling Pub License

DEFINITION: A Class 1 Craft Distiller license, which may only be issued to a licensed craft distiller or licensed non-resident dealer, shall allow the manufacture of up to 50,000 gallons of spirits per year provided that the class 1 craft distiller licensee does not manufacture more than a combined 50,000 gallons of spirits per year and is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 50,000 gallons of spirits per year or any other alcoholic liquor. A class 1 craft distiller licensee may make sales and deliveries to importing distributors and distributors and to retail licensees in accordance with the conditions set forth in paragraph (19) of subsection (a) of Section 3-12 of this Act. However, the aggregate amount of spirits sold to non-licensees and sold or delivered to retail licensees may not exceed 5,000 gallons per year. A class 1 craft distiller licensee may sell up to 5,000 gallons of such spirits to non-licensees to the extent permitted by any exemption approved by the State Commission pursuant to Section 6-4 of this Act. A class 1 craft distiller license holder may store such spirits at a non-contiguous licensed location, but at no time shall a class 1 craft distiller license holder directly or indirectly produce in the aggregate more than 50,000 gallons of spirits per year. A class 1 craft distiller licensee may hold more than one class 1 craft distiller's license. However, a class 1 craft distiller that holds more than one class 1 craft distiller license shall not manufacture, in the aggregate, more than 50,000 gallons of spirits by distillation per year and shall not sell, in the aggregate, more than 5,000 gallons of such spirits to non-licensees in accordance with an exemption approved by the State Commission pursuant to Section 6-4 of this Act. [235 ILCS 5/3-12(19)(a) of the Liquor Control Act].

The following documents MUST be attached for Class 1 Craft Distiller's License:

- 1) Copy of your current State of Illinois Manufacturer's (Craft Distiller's) Liquor License or, for out-of-state distilleries, a copy of your current State of Illinois Non-resident Dealer's Liquor License and a copy of your out-of-state manufacturer's liquor license to distill spirits.
- 2) Copy of your current federal basic permit. Visit the Federal Tax and Trade Bureau website at www.ttb.gov to download a copy or call 1 877 882-3277 for more information.
- 3) Copy of your 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).

SUMMARY:

- 100,000 gallons production limit
- Not eligible to self-distribute
- May transfer to commonly-owned Class 2 Craft Distiller's locations up to 100,000 gallons of manufactured distilled spirits
- May hold no more than three (3) Distilling Pub Licenses

DEFINITION: A Class 2 Craft Distiller license, which may only be issued to a licensed craft distiller or licensed non-resident dealer, shall allow the manufacture of up to 100,000 gallons of spirits per year provided that the class 2 craft distiller licensee does not manufacture more than a combined 100,000 gallons of spirits per year and is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 100,000 gallons of spirits per year or any other alcoholic liquor. A class 2 craft distiller licensee may make sales and deliveries to importing distributors and distributors but shall not make sales or deliveries to any other licensee. If the State Commission provides prior approval, a class 2 craft distiller licensee may annually transfer up to 100,000 gallons of spirits manufactured by that class 2 craft distiller licensee to the premises of a licensed class 2 craft distiller wholly owned and operated by the same licensee. A class 2 craft distiller may transfer spirits to a distilling pub wholly owned and operated by the class 2 craft distiller subject to the following limitations and restrictions: (i) the transfer shall not annually exceed more than 5,000 gallons; (ii) the annual amount transferred shall reduce the distilling pub's annual permitted production limit; (iii) all spirits transferred shall be subject to Article VIII of this Act; (iv) a written record shall be maintained by the distiller and distilling pub specifying the amount, date of delivery, and receipt of the product by the distilling pub; and (v) the distilling pub shall be located no farther than 80 miles from the class 2 craft distiller's licensed location. A class 2 craft distiller shall, prior to transferring spirits to a distilling pub wholly owned by the class 2 craft distiller, furnish a written notice to the State Commission of intent to transfer spirits setting forth the name and address of the distilling pub and shall annually submit to the State Commission a verified report identifying the total gallons of spirits transferred to the distilling pub wholly owned by the class 2 craft distiller. A class 2 craft distiller license holder may store such spirits at a non-contiguous licensed location, but at no time shall a class 2 craft distiller license holder directly or indirectly produce in the aggregate more than 100,000 gallons of spirits per year. *[235 ILCS 5/3-12(19)(a) of the Liquor Control Act].*

The following documents MUST be attached for Class 2 Craft Distiller's License:

- 1) Copy of your current State of Illinois Manufacturer's (Craft Distiller's) Liquor License.
- 2) Copy of your federal basic permit. 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) (COLA's). 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 CRAFT DISTILLER APPLICANTS ONLY

CLASS 1 CRAFT DISTILLER SELF-DISTRIBUTION EXEMPTION AFFADAVIT:

1. The undersigned affirms it has applied for or currently possesses an Illinois Craft Distillers license or Illinois non-resident dealer license;
2. The undersigned affirms that neither it, nor its officers, managers, partners, owners who own more than 5% and any of its agents or affiliates, annually produce 50,000 gallons or more of distilled spirits per year or any other alcoholic liquor;
3. The undersigned affirms that it has contacted licensed distributors for the purpose of establishing distributor relationships;
4. The undersigned affirms that it has contacted licensed distributors for the purpose of establishing distributor relationships;
5. The undersigned affirms that it contacted the following distributors and requested distribution of its distilled spirits and the below distributor(s) declined the request

NAME OF DISTRIBUTOR	CONTACT PERSON	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The undersigned hereby certifies that it understands that if it is granted a self-distribution exemption, it may sell no more than 5,000 gallons per year directly to retail license holders and that if it exceeds this limit, the Illinois Liquor Control Commission may revoke the self-distribution exemption, issue fines, or suspend or revoke the undersigns license(s).

7. The undersigned affirms that its annual production level for each of the past 10 years is:
* If applicable, please include an attachment for years 5-10.

YEAR	TOTAL GALLONS/BARRELS	YEAR	TOTAL GALLONS/BARRELS
A. _____	_____	C. _____	_____
B. _____	_____	D. _____	_____

8. The undersigned affirms that it does not hold a distiller pub license or any other retail (not including a local retail license for its Class 1 Craft Distiller location).

9. The undersigned affirms that it does not conduct retail sales from more than three commonly owned and operated distillery 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. CLASS 1 & CLASS 2 CRAFT DISTILLER REQUIREMENTS:

A) CERTIFICATE OF INSURANCE

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)

You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g., if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed); 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits.

B) LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE.

Your local license must contain the expiration date, issue date, and license number.

MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE	LOCAL LICENSE NO.	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES

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	THURS	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. 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 CRAFT DISTILLER:

- 1. YES NO DOES THE APPLICANT HOLD A DISTILLING PUB LICENSE?
- 2. YES NO DOES THE APPLICANT CURRENTLY HOLD A LOCAL LICENSE TO CONDUCT RETAIL SALES IN ILLINOIS?
- 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 DISTILLER'S LICENSE?

CLASS 2 CRAFT DISTILLER:

DOES THE APPLICANT HOLD A DISTILLING PUB LICENSE? IF YES, PLEASE LIST THE ADDRESS(ES) BELOW:

- 1. YES NO

ADDRESS	CITY	STATE	ZIP CODE

- 2. YES NO

INCLUDING DISTILLING 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 THE APPLICANT CONDUCT RETAIL SALES FROM MORE THAN THREE COMMONLY OWNED AND OPERATED DISTILLERY LOCATIONS?

- 4. YES NO

DOES APPLICANT CURRENTLY HOLD A CLASS 1 CRAFT DISTILLER'S LICENSE?

9. 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.

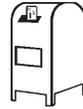
What is required for Form REG-4-D?

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: _____