

**Illinois Liquor Control  
Commission**



**JB  
Pritzker  
Governor**

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

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

**APPLICATION FOR STATE OF ILLINOIS  
MANUFACTURER'S LIQUOR LICENSE**

**All new applicants can email completed applications and attachments to  
[LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov)**

**DEFINITIONS:** A manufacturer is every brewer, fermenter, distiller, rectifier, wine maker, blender, processor, bottler or person who fills or refills an original package, whether for himself or for another, and others engaged in brewing, fermenting, distilling, rectifying or bottling alcoholic liquors as above defined. To manufacture means to distill, rectify, ferment, brew, make, mix, concoct, process, blend, bottle or fill an original package with an alcoholic liquor, whether for oneself or for another, and includes blending but does not include the mixing or other preparation of drinks for serving by those persons authorized and permitted in this Act to serve drinks for consumption on the premises where sold. All containers or packages of blended alcoholic liquors shall have affixed thereto a label setting forth and stating clearly the names of all ingredients which the blended alcoholic liquors offered for sale shall contain.

**For ALL of the following license classes, please provide the  
REQUIRED supporting documentation with this application:**

- **Registration Statement**
- **Copy of Federal Label Approval(s).**
- **Copy of Federal Basic Permit or Federal Brewer's Notice.** To download the Federal Tax and Trade Bureau's F-5100.24 & F 5100.31 forms visit [www.ttb.gov](http://www.ttb.gov) or call 1 877 882-3277
- **Rights to the Property (e.g. lease or deed)**
- **Department of Revenue Financial Bond (REG 4-A or REG 4-D)**

If applicable, enclose IL 567-0054, Statement of Representation Registration of Manufacturer's Agent.

If applicable, enclose IL 567-0053, Application for Registration Manufacturer's Registered Agent.

**SEE SECTION 8 FOR DEFINITIONS**

**CLASS 1: DISTILLER**

**FEE: \$5,000.00**

A Distiller is a person who distills, ferments, brews, makes, mixes, concocts, processes, blends, bottles or fills an original package with any alcoholic liquor. A distiller may make sales and deliveries of alcoholic liquor to distillers, rectifiers, importing distributors, distributors, and non-beverage users and to no other licensees. This includes a manufacturer of wine, but does not include a manufacturer of beer or bottler of wine.

**CLASS 2: RECTIFIER**

**FEE: \$5,000.00**

A rectifier is any person who rectifies, ferments, brews, makes, mixes, concocts, processes, blends, bottles or fills an original package with any alcoholic liquor, other than by original or continuous distillation.

**CLASS 3: BREWER**

**FEE: \$1,500.00**

A brewer is any person who is engaged in the manufacture of beer. A brewer may make sales and deliveries of beer to importing distributors and distributors, in accordance with the provisions of the Illinois Liquor Control Act.

**CLASS 4: FIRST-CLASS WINE MANUFACTURER**

**FEE: \$900.00**

A wine-manufacturer means a person who is engaged in the manufacture of wine. A first-class wine-manufacturer may make sales and deliveries of up to 50,000 gallons of wine to manufacturers, importing distributors and distributors, and to no other licensees.

For ALL of the following license classes, please provide the REQUIRED supporting documentation with this application:

- **Registration Statement**
- Copy of **Federal Label Approval(s)**.
- Copy of **Federal Basic Permit or Federal Brewer's Notice**.  
To download the Federal Tax and Trade Bureau's F-5100.24 & F 5100.31 forms visit [www.ttb.gov](http://www.ttb.gov) or call 1 877 882-3277 for further information

If applicable, enclose IL 567-0054, Statement of Representation Registration of Manufacturer's Agent.

If applicable, enclose IL 567-0053, Application for Registration Manufacturer's Registered Agent.

**SEE SECTION 8 FOR DEFINITIONS**

**CLASS 5: SECOND-CLASS WINE MANUFACTURER** **FEE: \$1,750.00**

A wine-manufacturer means a person who is engaged in the manufacture of wine. A second-class wine-manufacturer may make sales and deliveries of more than 50,000 gallons of wine to manufacturers, importing distributors and distributors and to no other licensees.

**CLASS 6: FIRST-CLASS WINE MAKER** **FEE: \$900.00**

A first-class wine-maker's license shall allow the manufacturer of up to **50,000** gallons of wine per year, and the storage and sale of such wine to distributors and retailers in the state and to persons without the State, as may be permitted by law.

**CLASS 7: SECOND CLASS WINE MAKER** **FEE: \$1,750.00**

A wine-maker is a person engaged in the making of between 50,000 and 150,000 gallons of wine annually. A second-class wine-maker's license shall allow the manufacture of **between 50,000 and 150,000** gallons of wine per year, and the storage and sale of such wine to distributors in this State and to persons without the State, as may be permitted by law.

**CLASS 8: LIMITED WINE MANUFACTURER** **FEE: \$350.00**

A limited wine-manufacturer may make sales and deliveries **not to exceed 40,000** gallons of wine per year to distributors and to non-licensees in accordance with the provisions of the Illinois Liquor Control Act. A limited wine manufacturer uses only grapes, berries, other fruits, fruit products, honey and vegetables produced or grown in Illinois, except as defined in the Illinois Liquor Control Act, Section 5/1-3.31.

**CLASS 9: CRAFT DISTILLER** **FEE: \$2,500.00**

A craft distiller license shall allow the craft distiller to apply for either a Class 1 Craft Distiller License or a Class 2 Craft Distiller License, but **not** both.

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.



## 2. STATUS OF BUSINESS

Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, or 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 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 IL: \_\_\_\_\_
- 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 in the 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. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. 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 6 - 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 percentage ownership. Total percentage ownership 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. MISCELLANEOUS INFORMATION

##### A. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### B. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME		AREA CODE/TELEPHONE NO.		
		(   )		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

#### 5. LICENSE HISTORY

##### A. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PROVIDE DATE FIRST APPLIED: \_\_\_\_\_

DISPOSITION:    GRANTED       DENIED       WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: \_\_\_\_\_  
 \_\_\_\_\_

## 6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Question 3. These questions MUST be answered. IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED. If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

- 6-18  YES  NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- 6-22  YES  NO Have you ever applied for and been denied a liquor license?
- 6-23  YES  NO Have you had any previous liquor license revoked?
- 6-24  YES  NO Have you ever been convicted of a felony?
- 6-25  YES  NO Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "Gambling;" 720 ILCS 5/28-1.1(a)-(d) "Syndicated Gambling;" and 720 ILCS 5/28-3 "Keeping a Gambling Place"?
- 6-26  YES  NO Do you possess a current federal wagering stamp (issued by the U.S. Internal Revenue Service to tax wagering activity)?
- 6-28  YES  NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- 6-30  YES  NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?

## 7. HOURS OF OPERATION

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

MON	TUES	WED	THURS	FRI	SAT	SUN

## 8. 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".

## 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, and 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](http://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](http://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: \_\_\_\_\_