



**50 W. WASHINGTONST., SUITE 209  
CHICAGO, ILLINOIS 60602  
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 REGISTRATION  
MANUFACTURER'S REGISTERED AGENT**

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

**CONTACT INFORMATION**

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

<b>CONTACT PERSON'S NAME</b> <small>(First, Last)</small>	<b>BUSINESS PHONE NUMBER</b> ( )	<b>ALTERNATE PHONE NUMBER</b> <small>(Home, Cell, etc.)</small> ( )
<b>EMAIL ADDRESS</b>	<b>FAX NUMBER</b> ( )	

**MANUFACTURER'S AGENTS**

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

<b>CONTACT PERSON'S NAME</b> <small>(First, Last)</small>	<b>BUSINESS PHONE NUMBER</b> ( )	<b>ALTERNATE PHONE NUMBER</b> <small>(Home, Cell, etc.)</small> ( )
<b>EMAIL ADDRESS</b>	<b>FAX NUMBER</b> ( )	

<b>CONTACT PERSON'S NAME</b> <small>(First, Last)</small>	<b>BUSINESS PHONE NUMBER</b> ( )	<b>ALTERNATE PHONE NUMBER</b> <small>(Home, Cell, etc.)</small> ( )
<b>EMAIL ADDRESS</b>	<b>FAX NUMBER</b> ( )	

<b>CONTACT PERSON'S NAME</b> <small>(First, Last)</small>	<b>BUSINESS PHONE NUMBER</b> ( )	<b>ALTERNATE PHONE NUMBER</b> <small>(Home, Cell, etc.)</small> ( )
<b>EMAIL ADDRESS</b>	<b>FAX NUMBER</b> ( )	

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

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

PRINT FULL NAME AND TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE

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

**Illinois Liquor Control  
Commission**



**JB Pritzker  
Governor**

**50 W. WASHINGTON ST., SUITE 209  
CHICAGO, ILLINOIS 60602  
TELEPHONE: 312 814-2206  
TDD: 312 814-1844**

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

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

I, \_\_\_\_\_ as \_\_\_\_\_

NAME TITLE

for \_\_\_\_\_ have a contractual agreement

NAME OF MANUFACTURER

with \_\_\_\_\_ to represent and promote our

NAME OF MANUFACTURER'S AGENT

products. This agreement covers the following territories:

I understand that under Illinois law:

Registration of agents, representatives, or persons acting on behalf of a manufacturer is fulfilled by submitting a form to the Commission. The form shall be developed by the Commission and shall include the name and address of the applicant, the name and address of the manufacturer he or she represents, the territory or areas assigned to sell to or discuss pricing terms of alcoholic liquor, and any other questions deemed appropriate and necessary. All statements in the forms required to be made by law or by rule shall be deemed material, and any person who knowingly misstates any material fact under oath in an application is guilty of a Class B misdemeanor. Fraud, misrepresentation, false statements, misleading statements, evasions, or suppression of material facts in the securing of a registration are grounds for suspension or revocation of the registration. (235 ILCS 5/5-1)

SIGNATURE OF MANUFACTURER'S AGENT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE

SIGNATURE OF MANUFACTURER	TITLE	DATE

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

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