



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 NON-RESIDENT DEALER'S LIQUOR LICENSE

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

DEFINITIONS: A Non-resident Dealer's License shall permit such licensee to ship into and warehouse alcoholic liquor in this state from any point outside of this state, and to sell such alcoholic liquor to Illinois-licensed foreign importers and importing distributors and to no one else in this state; provided that said non-resident dealer shall register with the Illinois Liquor Control Commission each and every brand of alcoholic liquor which it proposes to sell to Illinois licensees during the license period; and further provided that it shall comply with all of the provisions of Section 5/6-9 of the Illinois Liquor Control Act with respect to registration of such Illinois licensees as may be granted the right to sell such brands at wholesale. Please note that you must appoint an Illinois-licensed distributor (see page 3, item 10).

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.

A. <input type="checkbox"/> Currently licensed Illinois manufacturer: Class 1 - Distiller, Class 2 - Rectifier or Class 3 - Brewer	FEE: None
<input type="checkbox"/> Non-resident dealer who is a manufacturer of less than 500,000 gallons per year combined plant total, or agent thereof AND/OR primary U.S. importer exporting less than 500,000 gallons into Illinois yearly, or agent thereof.	FEE: \$350.00
<input type="checkbox"/> Non-resident dealer who is a manufacturer of 500,000 gallons or more per year combined plant total, or agent thereof AND/OR primary U.S. importer exporting 500,000 gallons or more into Illinois yearly, or agent thereof.	FEE: \$1,500.00

Please include the following REQUIRED supporting documents:

- 1) Registration Statement;
- 2) The following U.S. Department of the Treasury Tax and Trade Bureau application forms. Please visit the TTB website at www.ttb.gov or call 1 877 882-3277 for further information regarding these forms:
 - a) A copy of the **Label Approval**. Visit www.ttb.gov to download the F 5100-31 application form
 - b) A copy of the **Basic Permit**. Visit www.ttb.gov to download the F 5100.24 application form
- 3) **Schedule RL-26-L, Out-of-State Sellers' Shipment Report**. Please call the Illinois Department of Revenue at 217 785-2622 for more information or assistance (**This is not a requirement**);
- 4) Form IL 567-0053, Application for Registration - Manufacturer's Registered Agent (if applicable*); and
- 5) Form IL 567-0054, Statement of Representation - Registration of Manufacturer's Agent (if applicable*).
**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 the above two forms.*

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.

• 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 Non-resident Dealer's Liquor License

A. CORPORATE/BUSINESS (DBA) INFORMATION

1. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the Internal Revenue Service. This number is used for verification purposes only. If you do not have a FEIN, call 1 800 829-3676 for information on how to apply for and obtain the forms you need. **NOTE:** The ILCC will accept your application as long as you have filed an application for your FEIN.

FEIN #

2. TELEPHONE

Enter the area code, telephone number and extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
() EXT.

3. CORORATE NAME (also list trade or business name if different from corporate name)

Enter the name of the corporation (Illinois, national, or foreign), partnership or limited liability company in this box.

NAME	DOING BUSINESS AS (DBA)

4. CHIEF OPERATING ADDRESS/MAILING ADDRESS

F1 - Enter the street address, city, state, and ZIP code of the business. This must match the Federal Basic Permit or Brewers' Notice.

F2 - Enter the mailing address, including street address, city, state, and ZIP code, *if different from the Business Address on Line F1.*

	ADDRESS	CITY	STATE	ZIP CODE
F1				
F2				

5, 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.

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

B. APPLICANT INFORMATION

6. Applicant is the:

- Actual manufacturer of the products described herein.
- Primary U.S. importer of products described herein which are manufactured outside of the United States.
Provide an appointment letter from the manufacturer.
- Duly registered agent of the manufacturer or duly registered agent of the primary U.S. importer of products described herein.
Provide an appointment letter from the manufacturer.

7. (a) List alphabetically, on separate sheet and attach, all of the alcoholic beverage products for distribution in Illinois, which you manufacture, by their full product name as shown on their federally (BATF) approved labels.
- (b) If you are not the actual manufacturer of any given alcoholic beverage product(s) which you distribute for sale within Illinois, list alphabetically, by manufacturer on separate sheet, all of the alcoholic beverage products which you distribute as the primary U.S. importer or duly registered agent.

NOTE: THE ANSWERS TO QUESTIONS 7(a) AND 7(b) DO NOT FULFILL THE SEPARATE REGISTRATION REQUIREMENTS SET FORTH IN SECTION 5/6-9 OF THE ACT AND SECTION 100.60 OF THE RULES OF THE COMMISSION. THE SAME ARE TO BE REPORTED ON THE REGISTRATION FORM OF THIS COMMISSION. PRODUCTS NOT SO REGISTERED MAY NOT BE DISTRIBUTED IN ILLINOIS EVEN IF A NON-RESIDENT DEALER'S LICENSE IS SECURED. CHANGES IN PRODUCTS LISTED ON THIS FORM AND ON THE REGISTRATION FORM MUST BE MADE PRIOR TO SHIPMENT OF PRODUCTS INTO ILLINOIS.

8. Have all Registration Statements required by Section 5/6-9 of the Act and Section 100.60 of the Rules of the Commission been filed by the person who owns or controls the brands listed above? Yes _____ No _____
9. Has a pre-approved copy of the "BATF Application for Label Approval" been filed for each and every product listed in your answer to Question #7 and on your Registration Statement(s)? Yes _____ No _____
10. List the name(s) and address(es) of all Illinois distributors who are currently registered under Section 5/6-9 to distribute these products. (Attach a separate sheet if needed)

NAME OF ILLINOIS DISTRIBUTOR	ADDRESS OF ILLINOIS DISTRIBUTOR

11. Is the applicant currently licensed in any capacity, other than a non-resident dealer, by this Commission?
Yes _____ No _____ If yes, give name of licensee and current state liquor license number.

NAME	CURRENT ILLINOIS LIQUOR LICENSE NUMBER

12. Is any subsidiary, affiliate, officer, associate, member, partner, representative, employee, agent, shareholder of the applicant, **OR** the manufacturer for whom you act as primary United States importer or agent, **OR** is the manufacturer itself currently licensed in any capacity, other than a non-resident dealer, by this Commission? Yes _____ No _____
If yes, give name(s) of licensee(s) and current state liquor license number(s). (Attach additional sheet(s), if necessary)

NAME	CURRENT ILLINOIS LIQUOR LICENSE NUMBER

B. APPLICANT INFORMATION (Cont'd)

13. If applicant warehouses liquor in Illinois, provide the street address, city, state, ZIP code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

14. Name, title and phone number of person completing this application.

NAME	TITLE	AREA CODE/PHONE NUMBER (Home, cell, etc.)
		()

C. OWNERSHIP INFORMATION

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 d.

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

AFFIDAVIT

The above information is supplied for the purpose of inducing the Illinois Liquor Control Commission to issue a Non-resident Dealer's License to the applicant herein, and is true and correct, and made upon my personal knowledge and information. I further swear or affirm that 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.

Signature of Applicant or Authorized Agent

Title or Position

Date

Signature of Applicant or Authorized Agent

Title or Position

Date

NOTE: If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign, or duly authorized corporate representative.

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

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 ILCS 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.

CORPORATE NAME: _____

ADDRESS: _____
(Street Number)

(City or Town)

SIGNATURE: _____
(Authorized Person)

SIGNED BY: _____
(Title)

DATE: _____

STATE LICENSE # _____ EXP. DATE _____

**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

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

**APPLICATION FOR REGISTRATION
MANUFACTURER'S REGISTERED AGENT**

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

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.

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

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.

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

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

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

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**

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

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.

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.



Schedule L
Out-of-state Sellers' Shipment Report

Read this information first

Page ___ of ___

- Make a copy of this schedule before completion if you need to report more than provided for here. After you have completed your schedule(s), make a photocopy and retain the copy for your records.

Step 1: Identify your business

a Name: _____

Account ID: _____

Address: _____
Number and street

License number: LM - _____

City State/Province ZIP

FEIN: _____ - _____
Federal Employer Identification number

Country/Territory: _____

Liability period: ___/___/___ (Month/Year)

b [] Check here if you had no shipments to report during this tax period. Telephone: (____)____-____ Ext:_____

Step 2: Tell us about the alcoholic liquors you shipped into Illinois

Table with 5 columns: Invoice no. and date, FEIN of whom you sold and shipped to, Name and complete address of whom you sold and shipped to, and Equivalent in wine gallons (Cider 0.5% to 7% or beer, Alcohol 14% or less, Alcohol > 14% and < 20%, Alcohol 20% or more).

035611110

Page subtotal _____

Grand total _____

Schedule L Instructions

General Information

Step-by-Step Instructions

Who must file this schedule?

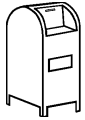
You must file Schedule L, Out-of-state Sellers' Shipment Report, if you are a seller located outside of Illinois and make shipments of alcoholic liquors into Illinois.

When and where do I file Schedule L?

You must file Schedule L on or before the fifteenth day of each month for the preceding month.

Note: You must file Schedule L even if you made no shipments during the reporting period.

Mail your completed schedule to



**ALCOHOL, TOBACCO AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477**

Note: If you prefer, you can file Form RL-26-L using our Web-File program at tax.illinois.gov.

What if I need assistance?

If you have questions about Schedule L, call us weekdays from 8:00 a.m. to 4:30 p.m. at **217 782-6045** or write to us at the address listed above.

Step 1: Identify your business and type of transaction

- a Write your business' name, address, License number, (issued by us) and Account ID. Also, tell us your Federal Employer Identification number (FEIN) and the liability period for which you are filing this schedule.
- b Check here if you had **no** shipments to report during this reporting period.

Step 2: Tell us about the alcoholic liquors you shipped into Illinois

You must provide the invoice number (include the invoice date) and purchasers' FEIN number.

Tell us the name and address of whom you sold or shipped the alcoholic liquors you are reporting.

Report the total actual **wine** gallonage equivalent for each class of alcoholic liquor per invoice number.

Grand total:

If you are filing only one page, copy the "**Page subtotal**" amounts to the "**Grand total**" lines.

If you are filing multiple pages, add all "**Page subtotals**" together for each liquor class and write each sum on the appropriate "**Grand total**" line on the last page.

ZZZZZZZZZZ

Illinois Department of Revenue
REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois**, our online account management program, available at mytax.illinois.gov. If you have questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-3707**.

Step 1: Identify your business or organization

- 1 Federal employer identification number (FEIN)
FEIN: _____ - _____
Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.
SSN: _____ - _____ - _____
- 2 Legal business name:

- 3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

- 4 Primary or legal business address:

Street address - **No** PO Box number _____ Apartment or suite number _____
City _____ State _____ ZIP _____

If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.

- 5 Mailing address if different from the address above:
In-care-of name _____
Street address or PO Box number _____ Apartment or suite number _____
City _____ State _____ ZIP _____

- 6 Check the organization type that applies to you:
 Proprietorship
_____ Check if owned by a married couple or civil union
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
*Is your corporation publicly traded? ___ Yes ___ No
If yes, provide the ticker symbol _____
 Governmental unit Not-for-profit organization
 LLC - Corporation LLC - Partnership
 LLC - S Corporation LLC - Single member
_____ Check if your organization type is disregarded

7 Illinois Secretary of State identification number:
____ - _____ - _____ - _____

8 Is your business part of a unitary group? ___ Yes ___ No
If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):
FEIN: _____ - _____

9 Identify a contact person regarding your business.
Name: _____ Title: _____
Phone: (____) _____ - _____ Ext.: _____
FAX: (____) _____ - _____
Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, **attach Schedule REG-1-O.**

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a Name _____ Title _____
Home address - **No** PO Box number _____ City _____ State _____ ZIP _____
_____/_____/_____ (____) _____ - _____
Date of birth Phone
____ - _____ - _____ Ownership percentage: _____
Social Security number

b Name _____ Title _____
Home address - **No** PO Box number _____ City _____ State _____ ZIP _____
_____/_____/_____ (____) _____ - _____
Date of birth Phone
____ - _____ - _____ Ownership percentage: _____
Social Security number

c Name _____ Title _____
Home address - **No** PO Box number _____ City _____ State _____ ZIP _____
_____/_____/_____ (____) _____ - _____
Date of birth Phone
____ - _____ - _____ Ownership percentage: _____
Social Security number

d Name _____ Title _____
Home address - **No** PO Box number _____ City _____ State _____ ZIP _____
_____/_____/_____ (____) _____ - _____
Date of birth Phone
____ - _____ - _____ Ownership percentage: _____
Social Security number

Businesses: (include federal employer identification number (FEIN))

a Name _____ FEIN _____
Legal address _____
City _____ State _____ ZIP _____
(____) _____ - _____ Ownership percentage: _____
Phone

b Name _____ FEIN _____
Legal address _____
City _____ State _____ ZIP _____
(____) _____ - _____ Ownership percentage: _____
Phone



Step 3: Tell us about your business activities

11 Describe your business activities: _____

Provide your North American Industry Classification System (NAICS) number: _____

Refer to the website www.naics.com

12 Will you have Illinois employees? ___ Yes ___ No

If yes, complete and attach **Schedule REG-UI-1**.

When was (is) the date of your first payroll in Illinois?

___/___/___

13 Check all that apply to your type of business.

Sales and Use Tax

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

General merchandise: ___ Retail ___ Wholesale

Do you estimate your monthly sales and use tax liability will be over \$200? ___ Yes ___ No

Sales to Illinois customers from out of state
___ Check if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

___ Check if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

___ Check if you make 200 or more separate transactions annually from your own sales to Illinois purchasers.

Check if you are a marketplace facilitator - **Attach Schedule REG-1-MKP.**

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? ___ Yes ___ No

Sales from vending machines. How many vending machines? _____

Liquor at retail (bar, tavern, liquor store, etc.)

Motor fuel/fuel: ___ Retail ___ Wholesale

___ Check here if you are required to **collect** prepaid sales tax.

Medical cannabis - **Attach Schedule REG-1-MC.**
___ Cultivation Center ___ Dispensing Organization

Aviation fuel: ___ Retail ___ Wholesale
(if wholesale, attach Schedule REG-8-A)

When will (did) these activities begin? ___/___/___

Services

Do you transfer items, on which tax must be collected, as part of your service?

___ Yes ___ No

When will (did) this activity begin? ___/___/___

Purchaser (Self-assessed Use Tax)

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois?

___ Yes ___ No

Does your supplier collect Illinois Sales Tax on sales of **aviation fuel** your business uses or consumes in Illinois?

___ Yes ___ No

When will (did) these activities begin? ___/___/___

Cigarettes and other tobacco products

Cigarettes - See **Schedule REG-1-C** before you check here.

Tobacco products - See **Schedule REG-1-C** before you check here.

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

When will (did) these activities begin? ___/___/___

Renting or leasing

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L.**
Do you charge for telecommunication services?

___ Yes ___ No

Vehicles for one year or less - **Attach Schedule REG-1-L.**

Vehicles for more than one year

When will (did) these activities begin? ___/___/___

Utility providers

Electricity: ___ Retail ___ Wholesale

Natural gas: ___ Retail ___ Wholesale

Telecommunications - See **Schedule REG-1-T.**
___ Retail ___ Wholesale

Water or sewer services

Are you a utility cooperative? ___ Yes ___ No

Are you a municipality? ___ Yes ___ No

When will (did) these activities begin? ___/___/___

All other tax types

Liquor warehousing - **Attach Schedule REG-1-A.**

Dry cleaning: ___ Facility ___ Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D.**

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G.**

Not listed. Identify: _____

When will (did) these activities begin? ___/___/___

Step 4: Sign below - Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: _____

Title: _____

Date: ___/___/___

Printed name: _____

SSN: _____ - _____ - _____

Address: _____

Phone: (____) _____ - _____

Mail your completed form, with any required attachments and payment to:

**CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030**

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.
Printed by the authority of the State of Illinois - Web only - One copy

