

**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

Email completed form to LCC.Licensing@illinois.gov

**SELF-DISTRIBUTION EXEMPTION
(FOR IN-STATE AND OUT-OF-STATE WINERIES)**

APPLICANT'S NAME (Individual or Corporation))			FEIN #
BUSINESS NAME (DBA)			BUSINESS PHONE ()
BUSINESS STREET ADDRESS			
CITY	STATE	ZIP CODE	ILLINOIS LIQUOR LICENSE # (IF APPLICABLE)

I do hereby agree, if asked, that I will provide the following information to the Illinois Liquor Control Commission:

- a) *Date business was established;*
- b) *Volume of production of sales for each year since business was established;*
- c) *Explanation of our efforts to establish distributor relationships; and*
- d) *Explanation for the need to obtain a self-distribution exemption to facilitate the marketing of wine.*

I do hereby swear or affirm that I will comply with the liquor and revenue laws of the United States, Illinois, and any other state where I am licensed; I am not a member of any affiliated group that produces more than 25,000 gallons of wine per year or produces any other alcoholic liquor; I will not annually produce more than 25,000 gallons of wine per year and will not annually sell more than 5,000 gallons of wine to retail licensees.

PRINT FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE