

**Illinois Liquor Control
Commission**



**JB
Pritzker
Governor**

**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 SPECIALTY RETAILER'S LIQUOR LICENSE
BREW PUB — DISTILLING PUB — CATERER RETAILER — WINE MAKER
RETAILER**

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

The following are considered specialty retailer's liquor licenses. Check the box that applies to the type/class of license for which application is being made. Be sure to obtain and complete all of the supporting documents required for the particular license class.

A. BREW PUB

FEE: \$1,500.00

A "brew pub" means a person who manufactures no more than 155,000 gallons (5,000 barrels) per year only at a designated licensed location, to make sales to importing distributors, distributors, and to non-licensees for use and consumption only, who stores beer at the designated location and who is allowed to sell at retail from the licensed location, provided that a brew pub licensee shall not sell for off-location consumption more than 155,000 gallons (5,000 barrels) per year (235 ILCS 5/1-3.33).

The following documents *must* be attached.

- Photocopy of local liquor license
- Photocopy of certificate of insurance
- Registration statement(s)
- Proof that applicant has the right to possession of the property (e.g., deed or lease)
- Department of Revenue Financial Bond (REG 4-A or REG 4-D)
- Copy of Forms(s) 5100.31: Certification/Exemption of Label/Bottle Approval, if applicable. Forms can be downloaded at www.ttb.gov
- Copy of federal brewer's notice (visit www.ttb.gov)

B. DISTILLING PUB

FEE: \$1,500.00

A "distilling pub" license shall allow the licensee to only (i) manufacture up to 5,000 gallons of spirits per year only on the premises specified in the license, (ii) make sales of the spirits manufactured on the premises or, with the approval of the State Commission, spirits manufactured on another distilling pub licensed premises that is wholly owned and operated by the same licensee to importing distributors and distributors and to non-licensees for use and consumption, (iii) store the spirits upon the premises, (iv) sell and offer for sale at retail from the licensed premises for off-premises consumption no more than 5,000 gallons per year so long as such sales are only made in-person, (v) sell and offer for sale at retail for use and consumption on the premises specified in the license any form of alcoholic liquor purchased from a licensed distributor or importing distributor, and (vi) with the prior approval of the State Commission, annually transfer no more than 5,000 gallons of spirits manufactured on the premises to a licensed distilling pub wholly owned and operated by the same licensee.

The following documents *must* be attached.

- Photocopy of local liquor license
- Photocopy of certificate of insurance
- Registration statement(s)
- Proof that the applicant has the right to possession of the property (e.g., deed or lease)
- Copy of Form(s) 5100.31: Certification/Exemption of Label/Bottle Approval. Forms can be downloaded at www.ttb.gov
- Copy of federal basic permit (visit www.ttb.gov)

C. CATERER RETAILER FEE: \$500.00

A "caterer retailer" means a person who serves alcoholic liquors for consumption, either on-site or off-site, whether the location is licensed or unlicensed, as an incidental part of food service. Prepared meals and alcoholic liquors are sold at a package price agreed upon under contract. (235 ILCS 5/1-3.34) **The following documents *must* be attached.**

- Photocopy of local liquor license
- Proof that applicant has the right to possession of the property (e.g., deed or lease)
- Photocopy of certificate of insurance

D. WINE MAKER RETAILER FEE: \$500.00

A wine-maker's retail license shall allow the licensee to sell and offer for sale at retail in the location specified on the license not more than 50,000 gallons of wine per year for use or consumption, but not for resale in any form. This license shall be issued only to a person licensed as a first-class or second-class wine-maker. A wine-maker's retail licensee, upon receiving permission from the Commission, may conduct business at a second location that is separate from the location specified in its wine-maker's retail license. **The following documents *must* be attached.**

- Photocopy of local liquor license
- Proof that applicant has the right to possession of the property (e.g., deed or lease)
- Photocopy of certificate of insurance

E. WINE MAKER RETAILER Second Location FEE: \$1,000.00 Third Location FEE: \$1,000.00

One wine-maker's retail license for a second location may be issued to a wine-maker's retail license holder allowing the licensee to sell and offer for sale at retail at a location specified in the wine-maker's retail license second location up to 50,000 gallons of wine per year for use and consumption and not for resale produced at the licensee's first location. **The following documents *must* be attached.**

- Photocopy of local liquor license
- Proof that applicant has the right to possession of the property (e.g., deed or lease)
- Photocopy of certificate of insurance

Provide current wine-maker retailer license number:

CURRENT WINE-MAKER RETAIL LICENSE NO.

Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION.

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 Specialty Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

A. 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 #

B. ILLINOIS SALES TAX ACCOUNT ID

Enter the eight-digit Illinois Department of Revenue Sales Tax Account ID. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit tax.illinois.gov, click on "Businesses" then "How do I register?" under the Business Registration section. If you have any questions, call 217 785-3707.

ILLINOIS SALES TAX ACCOUNT ID

C. TELEPHONE

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

AREA CODE/TELEPHONE NO.	EXT.
()	

D. COUNTY

Enter the county where the sole proprietorship, corporation, etc., is located.

COUNTY

E. NAME

Enter the name of the sole proprietorship, partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note: This name must be the same as the name printed on your local liquor license and your Sales Tax Registration Certificate, issued by the Illinois Department of Revenue.**

NAME

F. BUSINESS ADDRESS/MAILING ADDRESS

F1 - Enter the street address, city, state, and ZIP code of the business.

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				

G. 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	
	()	

2. STATUS OF BUSINESS

Check the applicable box (assumed name/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.

Note: In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- 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 7 - 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. _____ %

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. 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.

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license, and the date you intend to begin selling alcoholic beverages at this business location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you began selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delinquency affidavit" to explain the circumstances.

Note: In unincorporated areas, the county acts as the local liquor licensing authority.

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

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the applicant's first application for a state liquor license at any location. 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 location address of your first Illinois 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 ILLINOIS APPLICATION: _____

C. TYPE OF LIQUOR LICENSE

Check the box which **best** describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

- ON-PREMISES CONSUMPTION (Patrons consume alcoholic beverages on the premise only)
- OFF-PREMISES CONSUMPTION (Carry-out purchases only)
- ON/OFF-PREMISES CONSUMPTION COMBINATION (Both on the premise consumption and carry-outs)

6. 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 you sell liquor for on the premises or on/off the premises consumption. The certificate of insurance must show that you have liquor liability insurance and must include the following: 1) the applicant shown as the insured; 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits.

7. 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 answered, the application will be rejected. If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

- 6-17 YES NO HAVE YOU FAILED OR NEGLECTED TO REGISTER WITH THE FEDERAL TAX & TRADE BUREAU (TTB)? IF SO, PLEASE CONTACT THE TTB AT 1 800 937-8864 OR 513 684-2979.
- 6-18 YES NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 6-19 YES NO ARE YOU DELINQUENT UNDER THE CASH BEER LAW?
- 6-20 YES NO ARE YOU DELINQUENT UNDER THE 30-DAY CREDIT LAW?
- 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 6-2 OF THE ILLINOIS LIQUOR CONTROL ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1 GAMBLING; 720 ILCS 5/28-1.1 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 INTERNAL REVENUE SERVICE TO TAX WAGERING ACTIVITY)
- 6-27 YES NO ARE YOU, OR ANY OTHER PERSON WITH A DIRECT INTEREST IN YOUR PLACE OF BUSINESS, A PUBLIC OFFICIAL OR LAW ENFORCEMENT OFFICIAL IN THE SAME JURISDICTION AS THE LICENSE?
- 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?

8. 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	THUR	FRI	SAT	SUN

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 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.

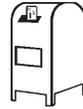
What is required for Form REG-4-D?

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: _____