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CHICAGO, ILLINOIS 60601
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SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136

WEBSITE: ILCC.Illinois.gov

APPLICATION FOR STATE OF ILLINOIS WINERY SHIPPER'S LICENSE ("DIRECT SHIPPING PERMIT")

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

DEFINITION: A Winery Shipper's License allows a person with 1) a first-class or second-class wine manufacturer's license; 2) a first-class or second-class wine-maker's license; or 3) a limited wine manufacturer's license or who is licensed to make wine under the laws of another state, to ship wine made by that licensee directly to a resident of Illinois, who is 21 years of age or older, for that resident's personal use and not for resale.

The following are considered categories of winery shipper's licenses. **Please check ONE of the categories listed below AND on page 2** that applies to the type/class of license for which application is being made. Be sure to obtain and complete all of the required supporting documents for the particular license class.

A. WINERY SHIPPER'S LICENSE FOR ILLINOIS WINE MANUFACTURERS

FEE: See Below

Both a "first-class wine manufacturer" and a "second-class wine manufacturer" who obtains a Winery Shipper's License can directly sell to Illinois residents (e.g., anyone in the general public who is 21 years of age or older) up to 12 cases per adult resident per year.

A first-class wine manufacturer who produces less than 25,000 gallons per year may apply for a self-distribution exemption (see attached) allowing for the sale of not more than 5,000 gallons of wine to retail licensees per year.

Please note: A second-class wine manufacturer likely produces more than 25,000 gallons of wine per year and therefore **WILL NOT QUALIFY** for a self-distribution exemption.

The documents listed below MUST be attached for a Winery Shipper's License for Illinois Wine Manufacturers:

- 1) Copy of your current **State of Illinois Manufacturer's Liquor License**;
- 2) Copy of all federal label approval(s) for any product being directly shipped to Illinois residents (**Note:** All products must be registered with the Commission prior to, or with, this application); and
- 3) Copy of your Federal Basic Permit
- 4) Department of Revenue Financial Bond (REG 4-A or REG 4-D)

Winery Shipper's License Fees for Wine Manufacturers:

FIRST CLASS Wine Manufacturer: \$350.00

FEES FOR SECOND CLASS Wine Manufacturers:

Class 1 (not to exceed 250,000 gallons manufactured annually): \$350.00

Class 2 (not to exceed 500,000 gallons manufactured annually): \$1,000.00

Class 3 (over 500,000 gallons manufactured annually): \$1,500.00

B. WINERY SHIPPER'S LICENSE FOR ILLINOIS WINE MAKERS**FEE: See Below**

A "first-class wine maker" or a "second-class wine maker" who obtains a Winery Shipper's License can sell directly to Illinois residents (e.g., anyone in the general public who is 21 years of age or older) up to 12 cases per adult resident per year.

A First-Class Wine Maker's License shall allow the manufacture of up to 50,000 gallons of wine per year, and the storage and sale of such wine to distributors in Illinois, and to persons outside Illinois, as may be permitted by law. A first-class wine maker who produces less than 25,000 gallons per year may apply for a self-distribution exemption (see attached) allowing for the sale of not more than 5,000 gallons of wine to retail licensees per year.

Please note: a second-class wine maker likely produces more than 25,000 gallons of wine per year and therefore **WILL NOT QUALIFY** for a self-distribution exemption.

The documents listed below must be attached for a Winery Shipper's License for Illinois Wine Makers:

- 1) Copy of your current **State of Illinois Manufacturer's Liquor License**;
- 2) Copy of all federal label approval(s) for any product being directly shipped to Illinois residents (**Note:** All products must be registered with the Commission prior to, or with, this application); and
- 3) Copy of your Federal Basic Permit
- 4) Department of Revenue Financial Bond (REG 4-A or REG 4-D)

Winery Shipper's License Fees for Wine Makers:	
<input type="checkbox"/> FIRST CLASS Wine Maker:	\$350.00
FEES FOR SECOND CLASS Wine Maker:	
<input type="checkbox"/> Class 1 (not to exceed 250,000 gallons manufactured annually):	\$350.00
<input type="checkbox"/> Class 2 (not to exceed 500,000 gallons manufactured annually):	\$1,000.00
<input type="checkbox"/> Class 3 (over 500,000 gallons manufactured annually):	\$1,500.00

C. WINERY SHIPPER'S LICENSE FOR ILLINOIS LIMITED WINE MANUFACTURER**FEE: \$350.00**

A limited wine manufacturer who obtains a Winery Shipper's License can sell directly to Illinois residents (e.g., anyone in the general public who is 21 years of age or older) up to 12 cases per adult resident per year. 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 Illinois Liquor Control Act. A limited wine manufacturer who produces less than 25,000 gallons per year may apply for a self-distribution exemption (see attached) allowing for the sale of not more than 5,000 gallons of wine to retail licensees per year.

The documents listed below must be attached for a Winery Shipper's License for Illinois Limited Wine Manufacturers:

- 1) Copy of your current **State of Illinois Manufacturer's Liquor License**;
- 2) Copy of all federal label approval(s) for any product being directly shipped to Illinois residents (**Note:** All products must be registered with the Commission prior to, or with, this application); and
- 3) Copy of your Federal Basic Permit
- 4) Department of Revenue Financial Bond (REG 4-A or REG 4-D)

D. OUT-OF-STATE WINERY SHIPPER'S LICENSE**FEE: See Fees Below**

An Out-of-State Winery Shipper's License shall allow a person who is licensed to make wine under the laws of another state to sell directly to Illinois residents (e.g., anyone in the general public who is 21 years of age or older) up to 12 cases per adult resident per year. This wine must be for personal use and not for resale. An out-of-state winery must provide the Commission with a copy of its current license in the state in which it is licensed as a manufacturer. An out-of-state winery who produces less than 25,000 gallons per year may apply for a self-distribution exemption (see attached) allowing for the sale of not more than 5,000 gallons of wine to retail licensees per year.

The documents listed below must be attached for a Winery Shipper's License for Illinois Limited Wine Manufacturers:

- 1) Copy of your current state **Manufacturer's Liquor License**;
- 2) Copy of all federal label approval(s) for any product being directly shipped to Illinois residents (**Note:** All products must be registered with the Commission prior to, or with, this application); and
- 3) Copy of your Federal Basic Permit
- 4) Department of Revenue Financial Bond (REG 4-A or REG 4-D)

Winery Shipper's License Fees for Out-of-State Wine Manufacturers:	
<input type="checkbox"/> CLASS 1 (not to exceed 250,000 gallons manufactured annually):	\$350.00
<input type="checkbox"/> CLASS 2 (not to exceed 500,000 gallons manufactured annually):	\$1,000.00
<input type="checkbox"/> CLASS 3 (over 500,000 gallons manufactured annually):	\$1,500.00

• 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 Winery Shipper'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 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 and 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 sole proprietorship, corporation, etc.

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 (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 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 Files 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 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 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 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. _____ %

4. THIRD PARTY PROVIDER INFORMATION

Any application for a wine shipper's license shall include the name and address of the third party, except for a common carrier, authorized to ship wine on behalf of a manufacturer.

- a. Wine Manufacturer acknowledges it is in compliance with Section 6-2 of this Act.
- b. Please disclose any third party, except a common carrier, authorized to ship wine on your behalf.

NAME

ADDRESS

- c. **Please provide a copy of the written appointment of the third party, except a common carrier, authorized to ship wine on your behalf.**
- d. The undersigned affirms, under penalty of perjury, that your company only ships wine directly or indirectly through the appointed third-party provider.
- e. The undersigned acknowledges that the company's third party provider will consent to the jurisdiction of the State and the State Commission.
- f. The undersigned acknowledges that by February 1st of each calendar year your company will require that the third party provider file with the State Commission a statement detailing each shipment made to an Illinois resident.

I swear, under penalty of perjury, that all representations made herein are true and correct and, if the representations are found to be untrue, the Commission will have the authority to revoke all licenses held by the affiant and all licenses affected by affiant's false representations.

PRINT FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE

5. ILLINOIS DEPARTMENT OF REVENUE TAX REQUIREMENTS

Once your State of Illinois Winery Shipper's License is issued, the Illinois Department of Revenue will mail you Form IL-26-W, Liquor Direct Wine Shipper Return. Once you receive this form, you will have the option of filing this tax return and paying the tax due online through MyTax Illinois at tax.illinois.gov (this option is free-of-charge) OR by mail. If you have tax-related questions, please call 217 782-6045.

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 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.

- 4-1 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.
- 4-2 YES NO HAVE YOU FAILED OR NEGLECTED TO REGISTER WITH THE ILLINOIS LIQUOR CONTROL COMMISSION ALL BRANDS/PRODUCTS MADE OR DIRECTLY SHIPPED INTO ILLINOIS?
- 4-3 YES NO DO YOU PRODUCE MORE THAN 25,000 GALLONS OF WINE PER YEAR? (no written explanation necessary)
- 4-4 YES NO HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL OR STATE LAW CONCERNING THE MANUFACTURE, POSSESSION, OR SALE OF ALCOHOLIC LIQUOR, SUBSEQUENT TO THE PASSAGE OF THE ILLINOIS LIQUOR CONTROL ACT OR HAVE YOU FORFEITED YOUR BOND TO APPEAR IN COURT TO ANSWER CHARGES FOR ANY SUCH VIOLATION?
- 4-5 YES NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 4-6 YES NO HAVE YOU EVER BEEN DENIED QUALIFICATION UNDER THE BUSINESS CORPORATION ACT OF 1983 TO TRANSACT BUSINESS IN ILLINOIS?
- 4-7 YES NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
- 4-8 YES NO HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?
- 4-9 YES NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- 4-10 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"?
- 4-11 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?
- 4-12 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?
- 4-13 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?
- 4-14 YES NO ARE YOU THE ACTUAL MANUFACTURER OF THE PRODUCT(S) DESCRIBED HEREIN?

7. 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 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

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 ILSC 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

**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

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: _____



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**

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