



50 W. WASHINGTONST., SUITE 209
CHICAGO, ILLINOIS 60602
TELEPHONE: 312 814-2206
LCC.LICENSING@ILLINOIS.GOV

300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov

APPLICATION FOR REGISTRATION MANUFACTURER'S REGISTERED AGENT

Email completed form to LCC.Licensing@illinois.gov

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.) ()
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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.



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

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

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

I, _____ as _____

NAME TITLE

for _____ have a contractual agreement

NAME OF MANUFACTURER

with _____ to represent and promote our

NAME OF MANUFACTURER'S AGENT

products. This agreement covers the following territories:

I understand that under Illinois law:

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

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

SIGNATURE OF MANUFACTURER	TITLE	DATE

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		()

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