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APPLICATION FOR STATE OF ILLINOIS TASTING REPRESENTATIVE LICENSE

Email completed application, supporting documents, and a copy of payment to LCC.Licensing@illinois.gov

Payments shall be made by check or money order through the mail within 3-7 business days to either office location.

DEFINITION: "Tasting" means a supervised presentation of alcoholic products to the public at an off-premise licensed retailer for the purpose of disseminating product information and education, with consumption of alcoholic products being an incidental part thereof. Only products registered with the Illinois Liquor Control Commission may be tasted in the following amounts: Distilled Spirits - 1/4 oz., Wine - 1oz., and Beer - 2oz.; notice of the tasting may be given. A tasting must be done by a licensee and/or a registered tasting representative in accordance with Section 100.40 of the Illinois Liquor Control Commission Rules.

FEE: \$300.00

Entitles licensee to conduct tastings. First year's certificate will expire the last day of the month previous to the month in which the license was issued. Subsequently, licenses are subject to annual renewal.

**LATE FEE:
ADD \$25.00**

The application must be received at the Commission offices no less than fourteen (14) days prior to the first tasting session. Otherwise a \$25 late fee will be assessed according to Section 100.40 of the Rules and Regulations.

GENERAL INFORMATION

Note: Employees of an off-premise retail liquor licensee who wish to conduct tastings at the licensee's premises are not required to obtain a Tasting Representative License from the Illinois Liquor Control Commission.

1. TASTING REPRESENTATIVE

Any non-licensee wishing to conduct a tasting pursuant to Section 100.10(r) of the Commission's Rules and Regulations must obtain a license from the Illinois Liquor Control Commission.

2. TASTING REPRESENTATIVE LICENSEE EMPLOYEES

Employees of a corporation, partnership or limited liability company that has obtained a Tasting Representative License are not required to be licensed individually. Employees of these businesses will act as agents of the licensee. However, the licensee must provide a list of all employees who will be acting as agents under this license. This information shall include full name, home address, city, state, ZIP code, Social Security number, date of birth, sex, and home telephone number. This information must be updated immediately as changes occur. Persons who have had their liquor license revoked are not eligible to hold a tasting representative license or act as an agent on behalf of a tasting representative licensee.

3. LISTING MANUFACTURERS, DISTRIBUTORS AND RETAILERS FOR WHICH TASTINGS WILL BE PERFORMED

Each licensee is required to list the manufacturers/distributors/retailers whose products will be tasted. If additional manufacturers/distributors/retailers are added throughout the year, the licensee must submit the appropriate information in writing along with a check for \$12.00 to have a corrected license issued.

4. TASTING REPRESENTATIVE LICENSE CERTIFICATE

The tasting representative must have a valid license certificate available for inspection during any tasting session. If the tasting representative is employed by a tasting representative licensee, a photocopy of the license certificate will suffice.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER

Application for State of Illinois Tasting Representative License

1. APPLICANT INFORMATION

Provide the information requested in the spaces below, including the corporate/organization name, applicant name, if different; the organization Federal Employer Identification Number (FEIN) or applicant Social Security number; date of first tasting; telephone number; and organization mailing address.

AGENCY NAME		APPLICANT NAME IF DIFFERENT		
FEIN NO.	DATE OF FIRST TASTING	AREA CODE/TELEPHONE NO.		
		()		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE

2. CONTACT INFORMATION

Provide the requested contact information for your business. The contact person should be the responsible party we can contact 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
		()

3. 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
- B. Partnership
- C. Illinois Corporation
- D. Foreign Corporation
- E. Limited Liability Company

Date Files with County Clerk: _____
 Date of Formation: _____
 Date of Incorporation: _____
 State of Incorporation: _____ Date Qualified To Do Business in IL: _____
 Date Formed: _____

4. 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 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. _____%

5. MANUFACTURER/DISTRIBUTOR/RETAILER INFORMATION

Name, address, state liquor license number and telephone number of the manufacturer(s), distributor(s), and/or retailer(s) for which you will be acting as a tasting representative. Update information throughout the year as needed. Attach additional sheets if necessary. A \$12.00 fee will be assessed each time you amend your license to add a new manufacturer(s), distributor(s) and /or retailer(s).

A.

MANUFACTURER/DISTRIBUTOR/RETAILER NAME	STATE LIQUOR LICENSE NO.	AREA CODE/TELEPHONE NO.	
		()	
ADDRESS	CITY	STATE	ZIP CODE

B.

MANUFACTURER/DISTRIBUTOR/RETAILER NAME	STATE LIQUOR LICENSE NO.	AREA CODE/TELEPHONE NO.	
		()	
ADDRESS	CITY	STATE	ZIP CODE

5. MANUFACTURER/DISTRIBUTOR/RETAILER INFORMATION (Cont'd)

C. MANUFACTURER/DISTRIBUTOR/RETAILER NAME		STATE LIQUOR LICENSE NO.	AREA CODE/TELEPHONE NO.	
			()	
ADDRESS		CITY	STATE	ZIP CODE

D. MANUFACTURER/DISTRIBUTOR/RETAILER NAME		STATE LIQUOR LICENSE NO.	AREA CODE/TELEPHONE NO.	
			()	
ADDRESS		CITY	STATE	ZIP CODE

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 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.

- 6-18 YES NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 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 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"?
- 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?

7. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. **The signature must be an 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.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE