

State of Illinois  
**LIQUOR CONTROL COMMISSION**  
 100 WEST RANDOLPH, SUITE 5-300, CHICAGO, IL 60601  
 (312) 814-2206 TDD (312) 814-1844

**APPLICATION FOR REGISTRATION  
 MANUFACTURER'S REGISTERED AGENT**

CURRENT LIQUOR LICENSE NO. \_\_\_\_\_

*TYPE OR PRINT INFORMATION*

APPLICANT'S NAME (Business, Partnership, Corporation)	APPLICATION DATE
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DBA OR TRADE NAME	BUSINESS PHONE (    )
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BUSINESS STREET ADDRESS

CITY	STATE	ZIP
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NAME, ADDRESS AND PHONE OF MANUFACTURER'S AGENT(S) FOR WHICH IDENTIFICATION CARD IS REQUESTED. FOR EACH INDIVIDUAL LISTED, THE APPLICANT MUST ATTACH A STATEMENT OF REPRESENTATION. *ATTACH ADDITIONAL SHEETS, IF NECESSARY.*

NAME	PHONE
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ADDRESS, CITY, STATE, ZIP CODE

NAME	PHONE
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ADDRESS, CITY, STATE, ZIP CODE

NAME	PHONE
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ADDRESS, CITY, STATE, ZIP CODE

DOES THE APPLICANT OR ASSOCIATE HOLD ANY RETAIL ALCOHOL BEVERAGE LICENSE, OR ANY FINANCIAL OR OTHER INTEREST IN SUCH A LICENSE OR ESTABLICHMENT?     NO     YES    IF YES, DESCRIBE AND PROVIDE CURRENT LICENSE NUMBER.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS THE APPLICANT, PARTNERS OR OFFICERS, EVER BEEN CONVICTED OF ANY VIOLATION OF THE ILLINOIS LIQUOR CONTROL ACT OR A FELONY IN THIS STATE, ANY OTHER STATE, OR UNDER FEDERAL LIQUOR LAWS?     NO     YES    IF YES, GIVE FULL DETAILS.

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\_\_\_\_\_

\_\_\_\_\_

PRINT FULL NAME AND TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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**NOTE:**  
 IDENTIFICATION CARDS MUST BE OBTAINED FOR EACH SALES REPRESENTATIVE EMPLOYED.  
 CARDS EXPIRE CONCURRENT WITH MANUFACTURER'S LIQUOR LICENSE.

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

I \_\_\_\_\_ as \_\_\_\_\_  
(Name) (Title)

for \_\_\_\_\_ have a con-  
(Name of tractual  
Manufacturer)

agreement \_\_\_\_\_  
with \_\_\_\_\_  
(Name of  
Manufacturer's  
Agent)

to represent and promote our products. This agreement covers  
the following territory(ies):

\_\_\_\_\_  
\_\_\_\_\_

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