

**Illinois Liquor Control
Commission**



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**STATE OF ILLINOIS APPLICATION FOR
TASTING REPRESENTATIVE LICENSE**

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 \$100.00 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.

ADD \$25.00 The application must be received at Commission offices no less that 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/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.

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. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

**FOR OFFICE
USE ONLY**

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

COUNTER

Application for State of Illinois Tasting Representative License

1. APPLICANT INFORMATION

Provide the corporate/organization name; provide applicant name, if different; applicant telephone number; provide your corporate/organization mailing address; city, state, and Zip Code; Federal Employer Identification Number or Social Security Number; and date of first tasting.

AGENCY NAME			
APPLICANT NAME		BUSINESS AREA CODE/TELEPHONE NO.	
		EXT.	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
FEIN OR SOCIAL SECURITY NUMBER		DATE OF FIRST TASTING	

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 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 co-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; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ASSUMED NAME 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 5%.

The following information must be provided by every individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate equal to or more than 5% of the stock, (including officers, directors and stockholders of equal to or more than 5% 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 have less than a 5% interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 - Eligibility.**

For each owner/officer/partner/5% or greater shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under D.

3. OWNERSHIP INFORMATION (continued)

A. NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/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/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/TELEPHONE NO.		% OWNED

D. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN A 5% INTEREST _____ %

4. MANUFACTURER/DISTRIBUTOR/RETAILER INFORMATION

NAME, ADDRESS, STATE LIQUOR LICENSE NUMBER AND TELEPHONE NUMBER OF 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 TWELVE DOLLAR FEE WILL BE ASSESSED EACH TIME YOU AMEND YOUR LICENSE TO ADD A NEW MANUFACTURER(S), DISTRIBUTOR(S) AND/OR RETAILER(S).**

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

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

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

5. MANUFACTURER/DISTRIBUTOR/RETAILER INFORMATION (continued)

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

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

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

6. 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 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.

- 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/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 registrant, swear or affirm that: the matters stated in the foregoing are true and correct; are made upon my personal knowledge and information; that during any tastings I am an agent of the liquor licensee and as such am bound by the provisions of the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et seq. and the Rules and Regulations of the Commission and will be subject to disciplinary action for violation thereof. **FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.**

PRINT FULL NAME AND TITLE OF APPLICANT

SIGNATURE OF APPLICANT

DATE