



State of Illinois Liquor Control Commission

Governor Pat Quinn ♦ Chairman Irving J. Koppel

DATA REQUEST FORM

Contact: Deborah Best, Illinois Department of Revenue FOIA Officer

Tel: (217) 782-0985 ♦ Fax: (217) 524-3402

Requestor's Name, Firm or Other Affiliation

Contact Name

Telephone

Requestor's Street Address

City, State, Zip Code

Date of Request

DATA FIELD INFORMATION: (Check all boxes to be included on the requested report)

CORPORATION

- Corporate name
- Corporate Address
- Illinois Business Tax (IBT) Number

DOING BUSINESS AS (D/B/A)

- D/B/A Name
- D/B/A Address
- D/B/A Telephone
- D/B/A County
- Retail Type (On/Off Premises)

STATE LICENSE

- License number
- License Class
- Issue Date
- Expiration Date

LOCAL LICENSE

- Local License Number
- Local License Issue Date
- Local License Expiration
- License Licensing Authority (Municipality/County)

DATA SELECTION CRITERIA : (If requesting multiple zip codes, cities, or counties, attach a separate sheet as needed.)

TIME PERIOD: From _____ to _____

STATUS: Active Licensees _____ All Others _____

ZIP CODE(S): _____ CITY(S) _____ COUNTY(S) _____

LICENSE CLASS: (Check all boxes to be included on the requested report)

MANUFACTURERS

- Distiller
- Rectifier
- Brewer
- Wine Maker (1st Class)
- Wine Maker (2nd Class)
- Limited Wine Manufacturer
- Wine Manufacturer (1st Class)
- Wine Manufacturer (2nd Class)

DISTRIBUTORS

- Distributor
- Distributor/Importing Distributor
- Distributor/Importing Distributor/
Foreign Importing Distributor

RETAILERS

- On Premises Retailer
- Off Premises Retailer
- Combined Retailer
- Wine Maker Retailer
- Brew Pub
- Caterer
- Auction

OTHERS

- Non-Beverage Users
- Non-Resident Dealers
- Airplane
- Boat
- Railroad
- Broker

DATA SORTING SEQUENCE: (If Name is selected you must indicate if it is Business Name or D/B/A Name.)

PRIMARY SORT FIELD: _____

Ascending (Z - A)

SECONDARY SORT FIELD: _____

Descending (A - Z)

ELECTRONIC DATA SELECTION FORMAT: (Small data requests only indicated with *)

- Data - DBF/FoxPro
- Data - DBF/FoxPlus
- Spreadsheet - Lotus (WKS)
- Spreadsheet - Lotus (WK1)*
- Spreadsheet - Excel (XLS)*

- ASCII SDF (Fixed Length)
- ASCII Delimited (Standard)
- Mail Merge (Microsoft Word)
- Mail Merge (WordPerfect 5.X)
- Mail Merge (Generic Word Processing)

DELIVERY CRITERIA: (Small data requests only indicated with *)

MEDIA SELECTION

- Printed Report*
- Diskette (3 1/2")
- CD - ROM

FREQUENCY OF RECEIPT

- One-Time Request
- Yearly
- Quarterly
- Monthly
- Weekly

REQUESTED DELIVERY DATE

- ASAP
- End of Month
- End of Week
- Other: _____

Please allow for additional time for the production of large data requests. At this time the Commission is unable to send data requests via e-mail. If requesting information stored magnetically(3 1/2" Floppy Diskette) the Commission cannot be responsible for any loss of data occurring in transit. For non-technical assistance with your request, please contact the Illinois Department Of Revenue Freedom of Information Officer at the number provided.

Mail to: Illinois Department of Revenue, 101 W Jefferson Street, MC 6-595, Springfield, IL 62702