



Illinois Department of Revenue
Schedule REG-1-A
 Attach to Form REG-1.

Liquor Information

Business name: _____

FEIN: _____ - _____

SSN: _____ - _____ - _____
 (proprietorship only)

Step 1: Provide the following information

- 1 If you have an Illinois Liquor License(s) issued to you by the Illinois Liquor Control Commission (ILCC) list all below.
 - a Manufacturer Class: _____ License: _____
 Wine manufacturer Class: _____ License: _____
 - b Distributor License: _____
 - c Importing distributor License: _____
 - d Retailer License: _____
 - e Special Event retailer (not-for-profit) License: _____
 - f Railroad License: _____
 - g Boat License: _____
 - h Non-Beverage User Class: _____ License: _____
 - i Wine-maker's premises License: _____
 - j Airplane License: _____
 - k Foreign importer License: _____
 - l Broker License: _____
 - m Non-resident dealer License: _____
 - n Brew Pub License: _____
 - o Auction liquor License: _____
 - p Caterer retailer License: _____
 - q Special use permit License: _____
 - r Winery shipper License: _____

2 Tell us where you will do business.

Address: _____
Street address Apt. or suite no.

City State ZIP

Phone: (____)____ - _____

3 Email address: _____

4 Web site: _____

5 Do you deliver interstate shipments of liquor into Illinois?
 ____ yes ____ no

6 Do you warehouse alcoholic liquor? ____ yes ____ no
 If "yes", are you compensated for this service? ____ yes ____ no

7 Tell us about your warehouse:

Address: _____
Street address Apt. or suite no.

City IL ZIP

Phone: (____)____ - _____

Note: You must complete a separate Schedule REG-1-A for each warehouse.

Step 2: Complete your bond requirement - liquor distributors, winery shippers and airlines only

You are required to file a bond to complete your registration. Please refer to Form REG-4-A, Financial Responsibility Bond and Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond.

Continued on next page



Step 3: Identify your owners or officers

Part 1: Individuals - owner, officer, manager, director

a _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

b _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

c _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

d _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

e _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

f _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

Part 2: Businesses

a _____ - _____
Legal name FEIN

_____/_____/_____ City State ZIP
Legal address

(____) _____ - _____ Ownership percentage: _____
Phone

b _____ - _____
Legal name FEIN

_____/_____/_____ City State ZIP
Legal address

(____) _____ - _____ Ownership percentage: _____
Phone

c _____ - _____
Legal name FEIN

_____/_____/_____ City State ZIP
Legal address

(____) _____ - _____ Ownership percentage: _____
Phone

Part 3: Corporate stockholders owning more than 5%

a _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

b _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

c _____ Title _____
Legal name

_____/_____/_____ City State ZIP
Home address - No PO Box number

____/____/_____ (____) _____ - _____
Date of birth Phone

____ - _____ - _____ Ownership percentage: _____
Social Security number

