



# REG-1-MR Illinois Cigarette Manufacturer's Representative Application

If you need to identify more locations or representatives, attach a separate sheet(s) using the same format. When any of this information changes, you must complete a new application with the correct information. If you have questions, call us weekdays during normal business hours at 217 782-6045.

## Step 1: Identify your business or organization

**1** Federal employer identification number (FEIN)  
FEIN: \_\_\_\_\_ - \_\_\_\_\_

**2** Legal business name.  
\_\_\_\_\_

**3** Doing-business-as (DBA), assumed, or trade name, if different from Line 2.  
\_\_\_\_\_

**4** Primary or legal business address.  
Street address - No PO Box number \_\_\_\_\_ Apartment or suite number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

**5** Tell us where you will store your books and records in Illinois. If you will use multiple locations, attach a separate sheet using the same format.  
Street address or PO Box number \_\_\_\_\_ Apartment or suite number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

**6** Identify a contact person regarding this application.  
Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_  
FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

## Step 2: Identify your representatives: Tell us how many representatives you will have in Illinois: \_\_\_\_\_

Complete the following information for each representative you will have in Illinois.

**a** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

**b** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

**c** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

**d** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

**e** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

**f** \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_  
Home street address - No PO Box number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Make and model of vehicle \_\_\_\_\_ License plate \_\_\_\_\_

## Step 3: Sign below

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

## Step 4: Mail your application

Mail your completed application to us at



EXCISE TAXES DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19034  
SPRINGFIELD IL 62794-9034

