

**Personal Property Warehouse Registration Form**

Illinois Commerce Commission  
527 East Capitol Avenue, Springfield, Illinois 62701  
Phone (217) 782-4654

Illinois File (MC)#

**Part I**

1. Business Type:  Sole Proprietorship (check one)  Partnership  Corporation  Limited Liability Company  
 State of Incorporation : \_\_\_\_\_ State of Organization: \_\_\_\_\_

2. Full Legal Name of Applicant: \_\_\_\_\_ 8. Business Phone: \_\_\_\_\_

3. Trade Name (DBA): \_\_\_\_\_ 9. Email: \_\_\_\_\_

4. Business Address (Street and Number): \_\_\_\_\_ 10. Mailing Address: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip Code: \_\_\_\_\_ 11. City: \_\_\_\_\_ 12. State: \_\_\_\_\_ 13. Zip Code: \_\_\_\_\_

14. Partners, Corporate Officers or Members/Managers of a Limited Liability Company: *(To be completed by partnerships, corporations and limited liability companies only; attach additional pages if necessary)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

15. List the major and each additional Illinois location to be registered:

a. Physical Address (Street and Number):			e. Mailing Address (if applicable):		
b. City:	c. County:	d. Zip Code	f. City:	g. State:	h. Zip Code:
Length:	j. Width:	k. Height:	l. Stories:	m. Sq. Footage:	n. Phone Number:
o. Type of property or goods expected to be stored (check all that apply): <input type="checkbox"/> Commercial <input type="checkbox"/> Equipment <input type="checkbox"/> Farm Machinery <input type="checkbox"/> Foodstuff <input type="checkbox"/> Boats/RV <input type="checkbox"/> Chemicals <input type="checkbox"/> Liquor (attach certificate from IL Department of Revenue) <input type="checkbox"/> Office Furniture <input type="checkbox"/> General merchandise <input type="checkbox"/> Household <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Records					

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b. City:	c. County:	d. Zip Code	f. City:	g. State:	h. Zip Code:
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May use additional page(s) if necessary to list storage facilities.

16. Fees: <input type="checkbox"/> New Applicant- Major Location \$250 <input type="checkbox"/> Governmental Fair- \$50	Total Amount Due
<input type="checkbox"/> Renewal Applicant- Major Location \$150 <input type="checkbox"/> Additional Locations- \$100 each (New and Renewal Applications)	

17. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicants. Signature below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.

Authorized Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF ILLINOIS/ILLINOIS COMMERCE COMMISSION  
PERSONAL PROPERTY WAREHOUSE REGISTRATION FORM  
GENERAL INSTRUCTIONS**

Illinois

File (MC) # If applicant is filing with the Illinois Commerce Commission for the first time, this box may be left blank as a number will be assigned to you. If a number has previously been assigned, you may include it in this space.

Part I.

- Item 1. Select the correct business type. Place a check mark on the form in the appropriate box. For corporation provide state of incorporation and for LLC provide state of organization.
- Item 2. Sole Proprietorship: First name, middle initial and last name.  
General Partnership: The legal name of the partnership exactly as it appears on the written partnership agreement.  
Corporation/LLC/LP/LLP/LLLP: The business entity's name exactly as registered with the Illinois Secretary of State.
- Item 3. The trade name, if any, should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Item 4-7. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.
- Item 8. Business telephone number.
- Item 9. **Email address of the warehouse must be provided.** Failure to provide an Email address may result in the warehouse not receiving important correspondence, including the issued credentials, from the Commission.
- Item 10-13. Mailing Address. May use post office box or alternate address to which mail should be directed.
- Item 14. For partnership and corporations: Enter name and title of each partner or corporate officer. Attach additional pages if necessary. For a limited liability company, enter the name of each member if member-managed or the name of the manager if manager-managed.
- Item 15.
- a.-d. Physical location of warehouse. List major warehouse location first. e.- h. Mailing address, if different than physical address.
  - i.-m. Warehouse storage capacity information.
  - n. Phone number for storage location.
  - o. Type of property or goods expected to be stored: Check all boxes that apply. If marking "Other," please specify. Storage of alcoholic liquor requires a Certificate of Registration from the Illinois Department of Revenue. A copy of said registration must accompany this application.
- Item 16. Total Amount Due: Add fees for major and all additional locations. Make check payable to Illinois Commerce Commission.
- Item 17. Read certifying statement. Sign application; enter your position/title and the date. Power of Attorney is required if an agent signs the application.

Part II. This section must be completed by listing the name and the manufacturer or supplier of all toxic chemicals used or stored at each facility.

Submit the fully completed form and check or money order via US Mail to the following address. **Please note that FAXED, EMAILED OR OVER-THE-PHONE APPLICATIONS ARE NOT ACCEPTED.** If you attempt to submit the form with payment via fax, email or telephone, the application will NOT be processed.

Illinois Commerce Commission  
ATTN: Processing and Information  
527 East Capitol Avenue  
Springfield, Illinois 62701

**PLEASE NOTE-** In addition to the application requirement, the following information must also be submitted prior to issuance of the registration:

Certificate of insurance (This does not apply to governmental fair applicants.)

Proper registration based upon the business type

- o If a sole proprietorship or partnership operates under an assumed (trade) name, a certificate of publication from the county clerk is required. It is necessary to register business names with the county in which operations are based.
- o If a corporation, LLC, LP, LLP or LLLP, registration with the Illinois Secretary of State is required for both domestic (Illinois) and foreign out of state) business entities. A corporation, LLC, LP or LLLP wanting to operate under an assumed name must also register the assumed name with the Illinois Secretary of State. Contact the Secretary of State's Business Services at (217) 782-7880 to obtain the necessary document(s).



Submit this page only if additional space was required to list all storage locations.

15. List the major and each additional Illinois location to be registered:					
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b. City:	c. County:	d. Zip Code	f. City:	g. State:	h. Zip Code:
i. Length:	j. Width:	k. Height:	l. Stories:	m. Sq. Footage:	n. Phone Number:
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