## **2022 ILLINOIS TIMBER BUYERS LICENSE APPLICATION**

## ANNUAL LICENSE EXPIRES DECEMBER 31, 2022

Name of Appli	icant:			
Nar	ne in which license i	s to be issued and timber	purchased, license	e can only be issued in one name.
Applicant is:	[ ] INDIVIDUAL		Applicant FEIN Number	
	[ ] CORPORATION	I		
	[ ] PARTNERSHIP		Timber Bu	yer's License Number
	[ ] LIMITED LIABIL	LITY COMPANY		
	*** Out of State	e LLC/Corp must be regist	ered with Illinois S	Secretary of State
	[ ] OTHER (SPECIF	FY):		
PHYSICAL LOC	ATION OF PRINCIPA	I. OFFICE		
CITY:		STATE:	ZIP:	<del></del>
COUNTY:				
LIST COUNTIES	S (GENERAL AREA) II	N WHICH TIMBER WILL BE	BOUGHT:	
IF APPLICANT IS	S A CORPORATION. PA	ARTNERSHIP or REGISTERED	BUSINESS ORGANI	ZATION. attach Articles of
				782-7880) and list all persons authorized to act
on behalf of the	e Applicant. If Applicar	nt is doing business in a nam	e other than his ow	n under The Assumed Business Name Act, 805
ILCS 405, attach	Certificate of Registra	ation from the applicable Co	unty Clerk's Office.	
LIST ALL AUTHO				
	DRIZED AGENTS TO RE	PRESENT THE ABOVE LICEN	ISEE (INCLUDING SE	LF):
	ORIZED AGENTS TO RE			•
NAME:		NAME:		NAME:
NAME: ADDRESS:		NAME: ADDRESS:		NAME:
NAME: ADDRESS: DATE OF BIRTH	:	NAME: ADDRESS: DATE OF BIRTH:		NAME:ADDRESS:
NAME: ADDRESS: DATE OF BIRTH	:	NAME: ADDRESS: DATE OF BIRTH:		NAME:ADDRESS:DATE OF BIRTH:
NAME: ADDRESS:  DATE OF BIRTH PHONE: BUSINESS RELA TO APPLICANT:	:TIONSHIP	NAME:ADDRESS: DATE OF BIRTH: PHONE:BUSINESS RELATIONS TO APPLICANT:	SHIP	NAME: ADDRESS: DATE OF BIRTH: PHONE: BUSINESS RELATIONSHIP TO APPLICANT:

Additional names may be listed on a separate sheet, including the same information as above. The Holder of the Timber Buyer's License is responsible for the use of these cards and the actions of its' Authorized Agents. Only Agents listed with the Department may represent the above Licensee and must designate in all contractual arrangements that the above Licensee is the Timber Buyer. The card must be carried upon the person of the Timber Buyer/Agent while conducting business and must be presented to any authorized Department Employee or Peace Officer making demand for it. It is the Licensee's responsibility to provide and maintain correct addresses.

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Give the <b>Total Dollars</b> paid for Timber (Stumpage, Logs, Pulpwo	ood, Piling, Veneer, etc.) bought from Illinois Timber
Growers (Governmental & Private) during the $4^{TH}$ Qtr of 2020(	OCTOBER 1, 2020) through the 3 <sup>RD</sup> Qtr of 2021
(SEPTEMBER 30, 2021) \$	
NEW BUYERS ONLY: Estimate of Purchases during license year \$	
BONDING REQUIREMENT IS 10 PERCENT OF THE TOTAL DOLLARS YOU PAID BUYERS) FOR ILLINOIS TIMBER ROUNDED OFF TO THE NEXT HIGHER \$100.	Maximum of \$10,00
We must have copy of renewo	ו showing current status
Bond required for Timber Buyers License Provided by	
<ol> <li>Surety Bond (FORM U-5-73) in the amount of \$</li></ol>	#Issued by
2. Bank Certificate of Deposit \$, Issue	ed by
	d make payable to <b>The Director, Department of Natural</b>
Resources.	
3. Irrevocable Letter of Credit \$#_	
FILING AND CERTIFICATE FEE \$30.00 PAYABLE TO: IL D	EPARTMENT OF NATURAL RESOURCES-FORESTRY
CERTIFICATION:	
Pursuant to 5 ILCS 100/10-65©, IDNR must require license applicants	to certify as follows: "I hereby certify, under penalty of
perjury," that: (check at least one)	
[ ] I am not subject to a child support order.	
[ ] I am not more than 30 days delinquent in complying with a child	• •
[ ] I am more than 30 days delinquent in complying with a child sup	
[ ] I have not been convicted of any Timber offenses nor <b>been suspe</b>	<b>?nd/revoked</b> for any timber offenses in any other States.
DISCLOSURE OF APPLICANT'S SOCIAL SECURITY IS MANDATORY PURSUANT STATE'S CHILD SUPPORT ENFORCEMENT PROGRAM. FAILURE TO SO CERTI MAKING FALSE STATEMENTS MAY SUBJECT THE LICENSEE TO CONTEMPT O INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST O	IFY MAY RESULT IN DENIAL OF THE APPLICATION/RENEWAL AND OF COURT [5 ILCS 100/10-65 ©] "I HEREBY CERTIFY THAT THE
RETURN APPLICATION, (\$30) FEE & COPY OF CURRENT BOND TO:	PRINTED NAME
Department of Natural Resources	
ORC-Division of Forest Resources	SIGNATURE
One Natural Resources Way	
Springfield, IL 62702	
Questions: 217-782-2894	SOCIAL SECURITY NUMBER
Suzanne.Griffitts@illinois.gov	(MANDATORY)
	DATE OF BIRTH//
	(MANDATORY)