2023 ILLINOIS TIMBER BUYERS LICENSE APPLICATION ANNUAL LICENSE EXPIRES DECEMBER 31, 2023

Name of Appl	icant:		
Nar	me in which license is to be issu	ed and timber purcha	sed, license can only be issued in one name.
Does Business	s As:		
Applicant is:	[] INDIVIDUAL [] CORPORATION		Applicant FEIN Number
	[] PARTNERSHIP		Timber Buyer's License Number
	[] LIMITED LIABILITY COMPA	ANY	
	*** Out of State LLC/Corp	must be registered wi	th Illinois Secretary of State
	[] OTHER (SPECIFY):		
PHYSICAL LOC	CATION OF PRINCIPAL OFFICE		
STREET:			
			ZIP:
COUNTY:			
			HT:

IF APPLICANT IS A CORPORATION, PARTNERSHIP or REGISTERED BUSINESS ORGANIZATION, attach Articles of Incorporation/Organization filed with <u>the Illinois Secretary of State (Telephone 217/782-7880</u>) and list all persons authorized to act on behalf of the Applicant. If Applicant is doing business in a name other than his own under The Assumed Business Name Act, 805 ILCS 405, attach Certificate of Registration from the applicable County Clerk's Office.

LIST ALL AUTHORIZED AGENTS TO REPRESENT THE ABOVE LICENSEE (INCLUDING SELF):

NAME:	NAME:	NAME:	
ADDRESS:			
DATE OF BIRTH:	DATE OF BIRTH:	DATE OF BIRTH:	
PHONE:	PHONE:	PHONE:	
BUSINESS RELATIONSHIP	BUSINESS RELATIONSHIP	BUSINESS RELATIONSHIP	
TO APPLICANT:	TO APPLICANT:	TO APPLICANT:	
SOCIAL SECURITY # (REQUIRED)	SOCIAL SECURITY # (REQUIRED)	SOCIAL SECURITY # (REQUIRED)	

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 **Total Dollars** paid for Timber (Stumpage, Logs, Pulpwood, Piling, Veneer, etc.) bought from Illinois Timber Growers (Governmental & Private) during the 4^{TH} Qtr of 2021 (OCTOBER 1, 2021) through the 3^{RD} Qtr of 2022 (SEPTEMBER 30, 2022) \$ ______

BONDING REQUIREMENT IS 10 PERCENT OF THE TOTAL DOLLARS YOU PAID TIMBER OWNERS DURING THE LAST YEAR (OR ESTIMATE FOR NEW BUYERS) FOR ILLINOIS TIMBER ROUNDED OFF TO THE NEXT HIGHER \$100. Minimum of \$500- Maximum of \$10,000

NEW BUYERS ONLY: Estimate of Purchases during license year \$ _____

Bond required for Timber Buyers License Provided by: (Certificate of Deposit-CD, Surety Bond-SB, or Letter of Credit-LC)

Bonding	<u>Record</u>	<u>Amount</u>	<u>Insurance</u>	Bank (CD)	Bank-Letter of Credit
<u>Instrument</u>	<u>number</u>		<u>Company</u>		
Туре					
Total Bond					

------We must have copy of renewal showing current status for 2023------

FILING AND CERTIFICATE FEE \$30.00 PAYABLE TO: IL DEPARTMENT 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 support order.

[] I have not been convicted of any Timber offenses nor *been suspend/revoked* for any timber offenses.

DISCLOSURE OF APPLICANT'S SOCIAL SECURITY IS MANDATORY PURSUANT TO 42 U.S.C. 666 (a) (13) and 5 ILCS 100/10-65 FOR USE UNDER THE STATE'S CHILD SUPPORT ENFORCEMENT PROGRAM. FAILURE TO SO CERTIFY MAY RESULT IN DENIAL OF THE APPLICATION/RENEWAL AND MAKING FALSE STATEMENTS MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT [5 ILCS 100/10-65 ©] "I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE."

RETURN APPLICATION, (\$30) FEE & COPY OF BOND RENEWAL	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)