



Licensed Vendor Application

Complete entire application and submit to:

Illinois High School Association
 2715 McGraw Drive, PO Box 2715
 Bloomington, IL 61704
 Phone: 309.663.6377 Fax: 309.663.7479

Applicant Information:

Company Name: _____

Assumed or d/b/a names used (if any): _____

Entity Type (e.g., corporation, LLC, LP, etc.): _____

State of Incorporation: _____ Year of Incorporation: _____ FEIN: _____

Company Address: _____

City *State* *Zip Code*

Company Website(s): _____

Principle Owners – List all owners with more than a 5% ownership interest:

Name	Address	Phone

Management Information:

President: _____

Vice President: _____

Sales Director: _____

Marketing/Advertising Director: _____

Chief Financial Officer: _____

Products to be Sold:

List the products that your company proposes to sell and for which an IHSA license is requested:

Product	Wholesale Price	Retail Price

Describe any advertising or promotional materials you plan to use to promote these products:

Additional Information:

1. Does your company maintain liability insurance? _____

Insurance company: _____

Type of Coverage _____

Per Claim Limit: _____ Aggregate Annual Limit: _____

Policy Term: _____ Deductible: _____

2. Has your company or a predecessor in interest ever applied for or had a license with the IHSA?

If yes, describe: _____

3. Has your company or a predecessor in interest ever made any assignment for the benefit of creditors or an arrangement pursuant to any bankruptcy law, or had filed against it any petition under the bankruptcy or insolvency laws of any jurisdiction? If yes, describe below:

4. Has your company or a predecessor in interest ever had any formal proceeding initiated against it for breach of any agreement or understanding, including, without limitation, for failure to pay royalties or other amounts due in a timely manner? If yes, describe below:

References:

School - Please list schools with which you have previously done business:

School Name, City	Contact	Phone #

Trade - Please list companies that can provide an opinion of your product and business performance:

Company Name	Contact	Phone #

Credit - Please list companies from whom you have purchased product:

Company Name	Contact	Phone #

Banking - Please list banking institutions where you maintain business accounts:

Bank Name	Type of Account(s)	Phone #

Acknowledgment and Authorization:

I do hereby certify that the information provided in this application is true. I acknowledge that failure to provide complete and truthful information can be grounds for the termination of any license agreement that may be issued as a result of the information provided. Furthermore, I authorize the IHSA to contact the references listed above to verify the information provided.

Sign Name

Date

Print Name

Email Address

Phone Number

Fax Number

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