



# Licensed Vendor Application

***Complete entire application and submit to:***

Illinois High School Association  
2715 McGraw Drive  
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:

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**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: \_\_\_\_\_

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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:

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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:

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**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.

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*Sign Name*

*Date*

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*Print Name*

*Email Address*

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*Phone Number*

*Fax Number*