



TOBACCO LICENSE APPLICATION
LICENSE PERIOD: JULY 1 - JUNE 30
FEE: \$50.00

LOCATION NO: _____ RENEWAL: _____
SALES TAX NO: _____ NEW: _____
Please make sure to include a copy of your state tobacco license when submitting this application.

PLEASE SELECT ONE OF THE FOLLOWING:

VENDOR ASSISTED SALES:

VENDING MACHINES:

BUSINESS INFORMATION

CORPORATE NAME: _____
DBA: _____
BUSINESS ADDRESS: _____
MAILING ADDRESS (If different from above): _____
BUSINESS PHONE NO: _____
BUSINESS EMAIL ADDRESS: _____

APPLICANT INFORMATION

NAME (First and last): _____
HOME ADDRESS: _____
PHONE NO: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE NO: _____
Please make sure to include a copy of your driver's license when submitting this application.

PRIMARY CONTACT INFORMATION

NAME (First and last): _____
HOME ADDRESS: _____
PHONE NO: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NO: _____

Please make sure to include a copy of your driver's license when submitting this application.

ADDITIONAL QUESTIONS

- 1. HAVE YOU EVER SUBMITTED AN APPLICATION FOR ANY LICENSE(S) IN THE VILLAGE OF MONTGOMERY OR IN ANOTHER LOCATION OTHER THAN THE ONE FOR WHICH THIS LICENSE IS BEING SOUGHT?

YES NO

IF YES, PLEASE SPECIFY WHERE AND WHAT TYPE OF LICENSE YOU APPLIED FOR?

- 2. HAS YOUR APPLICATION EVER BEEN REJECTED?

YES NO

IF YES, PLEASE EXPLAIN:

- 3. HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED?

YES NO

IF YES, PLEASE EXPLAIN:

- 4. HAVE YOU, THE OWNER(S), MANAGER(S) OR PARTNER(S) IN THE BUSINESS BEEN CONVICTED OF A FELONY OR ANY CRIMINAL OFFENSE OR ORDINANCE VIOLATION IN ANY JURISDICTION SINCE THE LAST APPLICATION?

YES NO

IF YES, PLEASE EXPLAIN:

5. WILL YOU CONTINUE TO FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS, AND ORDINANCES OF THE VILLAGE OF MONTGOMERY PERTAINING TO THE SALE OF TOBACCO PRODUCTS?

YES NO

ATTACHMENTS

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- A COPY OF YOUR DRIVER'S LICENSE
- A COPY OF YOUR TOBACCO STATE LICENSE

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE TOBACCO LICENSE ORDINANCE. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. ANY FALSE OR MISLEADING INFORMATION PROVIDED HEREIN MAY RESULT IN THE DENIAL OF YOUR APPLICATION. ANY VIOLATION OF THE TOBACCO ORDINANCE MAY RESULT IN FINES, REVOCATION, OR SUSPENSION OF YOUR TOBACCO LICENSE.

SIGNATURE OF OWNER OR MANAGER

DATE

FOR OFFICE USE ONLY

BUSINESS NAME:

LOCATION NO:

AMOUNT RECEIVED:

DATE RECEIVED:

METHOD OF PAYMENT:

PROCESSED BY:

ZONING VERIFIED BY: