



APPLICATION FOR TOBACCO LICENSE

150 WEST JEFFERSON STREET
JOLIET, ILLINOIS 60432
OFFICE: 815-724-3700 FAX: 815-724-3715

Please print legibly. All information and supplemental requirements must be completed and submitted. Incomplete forms will not be processed. Please allow a minimum of ten (10) business days for process and review prior to opening. *Must submit copy of State of IL Tobacco Certificate of Registration.*

New Business: _____ Change of Ownership: _____ Proposed Opening Date: _____

LOCAL BUSINESS INFORMATION:

Business Name (DBA): _____ Store Number: _____
Business Address: _____ City: _____ State: _____
Zip Code: _____ Business Phone Number: _____ Fax Number _____

BUSINESS OWNERSHIP INFORMATION:

Provide the following information regarding how the business was created and is owned.

____ Individual ____ Partnership ____ Limited Liability Corporation (LLC)
____ Private Limited Company (LTD) ____ Corporation

Legal Business Name: _____

CORPORATE BUSINESS INFORMATION:

Corporate Name: _____
Contact Name: _____
Corporate Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
Fax Number: _____ E-Mail Address: _____

For a *corporate application*, the date on which the corporation's *Articles of Incorporation* were issued. _____

The State of Incorporation _____

If a *foreign corporation*, the *date* of being qualified to do business under the Illinois Business Corporation Act. _____

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____
State of Illinois Business Tax Number (IBT- Submit IDOR Certificate of Registration): _____

Principals of Applicant:

If this is a partnership, provide name, address, telephone number and percentage of ownership held by all partners. If this is an LLC or LTD, provide the names, addresses and percentage of ownership held by each member. If this is a Corporation, provide the names and addresses of all persons holding five percent (5%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page. Submit appropriate Articles (e.g., incorporation, organization).

A. Name & Title _____

Address _____

Phone (home) _____ **(cellular)** _____

Date of Birth _____

Percentage of Ownership: _____

U.S. Citizen? _____ *(Do not complete for corporation)*

If naturalized, place of birth _____

Date & place of naturalization _____

B. Name & Title _____

Address _____

Phone (home) _____ **(cellular)** _____

Date of Birth _____

Percentage of Ownership: _____

U.S. Citizen? _____ *(Do not complete for a corporation)*

If naturalized, place of birth _____

Date & place of naturalization _____

C. Name & Title _____

Address _____

Phone (home) _____ **(cellular)** _____

Date of Birth _____

Percentage of Ownership: _____

U.S. Citizen? _____ *(Do not complete for corporation)*

If naturalized, place of birth _____

Date & place of naturalization _____

D. Name & Title _____
Address _____
Phone (home) _____ **(cellular)** _____
Date of Birth _____
Percentage of Ownership: _____
U.S. Citizen? _____ *(Do not complete for corporation)*
If naturalized, place of birth _____
Date & place of naturalization _____

E. Name & Title _____
Address _____
Phone (home) _____ **(cellular)** _____
Date of Birth _____
Percentage of Ownership: _____
U.S. Citizen? _____ *(Do not complete for corporation)*
If naturalized, place of birth _____
Date & place of naturalization _____

F. Name & Title _____
Address _____
Phone (home) _____ **(cellular)** _____
Date of Birth _____
Percentage of Ownership: _____
U.S. Citizen? _____ *(Do not complete for corporation)*
If naturalized, place of birth _____
Date & place of naturalization _____

BUSINESS INFORMATION:

Length of time applicant has been involved in a business associated with the sale of tobacco products. *Complete for each person listed if this is an individual or partnership application.*

Name _____ Years? _____

Name _____ Years? _____

Name _____ Years? _____

Name _____ Years? _____

Total Number of Employees at Location (including family members): _____

Days of Week and Hours of Operation at Location: _____

Is the Business located in a Stand-Alone Structure? Yes ___ No ___

If no, name of center: _____

Does the Business own the building? Yes ___ No ___

If no, complete the following:

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Does the Business have an Alarm System? Yes ___ No ___ If yes, must register with the Joliet Police Department.

Name of Alarm System Monitoring Company: _____

Detailed description of location and layout of licensed premises. _____

Gross square footage of tenant space at location: _____

Proposed premises were _____ by applicant on _____.
purchased / leased *date*

(Attach a copy of the lease or deed.)

List all governmental entities to which applicant has submitted an application for a tobacco license.

A. Entity _____
Date of application _____
Disposition of application _____

Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)

B. Entity _____
Date of application _____
Disposition of application _____

Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)

C. Entity _____
Date of application _____
Disposition of application _____

Date, length of time and reason of any suspension, revocation, fine or any other disciplinary action taken by the entity (include denial of tobacco license.)

List all *convictions* for any *non-traffic violations* of any city, state or federal statutes, indicating the name of the offense and date of convictions. Such information must be supplied for all *officers, directors & shareholders owning more than 5% of the stock*, if this is a corporate application and *all persons*, if this is an individual or partnership application.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet Tobacco License.

Name of applicant (Print)

Signature of applicant

Title of applicant

Date

Name of applicant (Print)

Signature of applicant

Title of applicant

Date

Name of applicant (Print)

Signature of applicant

Title of applicant

Date

Name of applicant (Print)

Signature of applicant

Title of applicant

Date

The undersigned, being duly sworn on oath, deposes and says that he facts alleged in the foregoing application are true in substance and fact, and that said representations are made for the purpose of inducing the Liquor Commissioner of the City of Joliet to issue the tobacco license hereinabove requested.

Applicant's Signature

Subscribed and sworn to me this _____ *day of*
_____, 20____.

Notary Public

