

Office Use Only
Lic # _____
ZEO Appr _____



3S258 Manning Avenue
Warrenville, IL 60555
(630) 393-9427 (630) 393-5053 FAX

TOBACCO DEALER LICENSE APPLICATION

CHOOSE ONE: NEW APPLICATION _____ RENEWAL APPLICATION _____

1. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE #: _____

2. CHECK ONE:

CORPORATION, LLC OR LLP SOLE PROPRIETOR GENERAL OR LIMITED PARTNERSHIP

BUSINESS OWNER'S

NAME: _____

BUSINESS OWNER'S ADDRESS: _____

BUSINESS OWNER'S CITY, STATE, ZIP: _____

BUSINESS OWNER'S PHONE #: _____

SECRETARY OF STATE REGISTRATION # (FOR CORPORATIONS AND LLCs) _____

IF CORPORATION OR LLC, REGISTERED AGENT'S NAME _____

ADDRESS OF REGISTERED AGENT: _____

REGISTERED AGENT'S CITY, STATE AND ZIP _____

3. DESCRIPTION OF BUSINESS: _____

4. ILLINOIS TAX #: _____ FEDERAL ID #: _____

5. LICENSE SHOULD BE MAILED TO: _____

6. PLEASE INDICATE IF THE FOLLOWING APPLIES TO YOUR BUSINESS. ADDITIONAL LICENSING MAY BE REQUIRED.

SMOKING MATERIALS VENDING MACHINE _____ NUMBER OF MACHINES _____

7. KEYHOLDERS: (IN ORDER OF PRIORITY):

A. NAME: _____

PHONE: _____

B. NAME: _____

PHONE: _____

C. NAME: _____

PHONE: _____

8. PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE: _____

BUSINESS NAME: _____

9. ESTIMATED VALUE OF SMOKING MATERIALS NOW ON HAND: \$ _____

10. HAS THE APPLICANT OR ANY PERSON LISTED ABOVE AS KEYHOLDERS BEEN SUBJECTED TO ANY FORM OF DISCIPLINARY ACTION, INCLUDING THE IMPOSITION OF A FINE OR FINES, OR THE TEMPORARY SUSPENSION OF OPERATIONS DUE TO A VIOLATION OF LAW REGARDING THE SALE OF SMOKING MATERIALS: YES _____ NO _____

IF YES, PROVIDE THE ENFORCING AUTHORITY AND REASON FOF DISCIPLINARY ACTION

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I UNDERSTAND ISSUANCE OF A LICENSE OR SUBMISSION OF THIS APPLICATION AND PAYMENT OF THE PROCESSING FEE IS CONDITIONAL UPON COMPLIANCE WITH CITY ORDINANCES.

THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I, THE UNDERSIGNED, AM AWARE AND FULLY UNDERSTAND THAT NO ALARM WITHIN THE CITY OF WARRENVILLE, MAY BE ACTIVATED FOR MORE THAN THIRTY (30) MINUTES. I HEREBY HOLD HARMLESS THE CITY OF WARRENVILLE AND ITS PERSONNEL AND AGENTS FROM ANY DAMAGE RESULTING FROM DE-ACTIVATION OF AN ALARM THAT HAS BEEN ACTIVATED FOR MORE THAN THIRTY (30) MINUTES.

NAME OF BUSINESS OFFICIAL: _____

SIGNATURE OF BUSINESS OFFICIAL: _____

TITLE: _____ DATE: _____

PROCESSING FEE OF \$35 MUST ACCOMPANY THE INITIAL APPLICATION

**THIS LICENSE APPLICATION MUST BE COMPLETED IN ITS ENTIRITY
BEFORE THE LICENSE CAN BE ISSUED**