



APPLICATION FOR TOBACCO LICENSE
(Renewal)

ORDINANCE NO. 05-063

Tobacco License Requirement:

No person shall sell at retail or solicit or receive an order for, or keep or offer for sale, or keep with the intention of selling any tobacco or tobacco product without first obtaining a tobacco license from the Village for each location at which Tobacco or tobacco products are sold.

<u>FOR VILLAGE USE ONLY</u>
SUBMIT ORIGINAL TO VILLAGE CLERK
Application Received on _____
By _____
App. Fee Rec'd _____ Ck # _____
License No. _____ Issued _____

Definition of Tobacco and Tobacco Products: Cigarettes, cigars or tobacco intended for human use, including loose tobacco, pipe tobacco, chewing tobacco and snuff.

TO THE VILLAGE PRESIDENT OF THE VILLAGE OF HOMER GLEN

Applicant(s) respectfully petition(s) you to grant him/her/them/it a license for the sale of tobacco and tobacco products at retail for the fiscal year ending **April 30, 2022**.

PLEASE FILL OUT ALL SECTIONS OF THE APPLICATION

1. **Name of Business** _____

Doing Business as (if different than above) _____

Address _____ Suite/Unit _____

City _____ State _____ Zip _____

Phone _____ Fax _____

2. **IF OWNED BY AN INDIVIDUAL**, provide the following information:

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Soc. Security No. _____

3. **IF A PARTNERSHIP**, provide the following information for each partner or manager:
(insert additional sheets, if necessary)

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Soc. Security No. _____

3. PARTNERSHIP

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Soc. Security No. _____

4. IF APPLICANT IS A CORPORATION (other than a partnership), provide the following information: (insert additional sheets, if necessary)

Manager _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Soc. Security No. _____

Manager _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Soc. Security No. _____

5. State whether or not the applicant has made similar application for a tobacco license on premises OTHER than described in this application.

6. Has applicant, partner or manager ever been convicted of a felony or misdemeanor? _____

If yes, state the nature of the crime _____

Date and place of conviction _____

Sentence imposed _____

7. Have applicant, partner or manager ever been disqualified to receive a tobacco license by reason of any matter or thing contained in the laws of Illinois or the ordinances of the Village? _____

8. Has applicant had a previous license issued by any State or other governmental unit or agency that has been suspended or revoked? _____

If yes, reason for such revocation _____

- 9. Is applicant a U.S. citizen? Yes _____ No _____
- 10. If business is to be conducted by a manager or agent, does such manager or agent possess the same qualifications required of applicant? _____
- 11. Applicant hereby agrees to abide by the laws of the State of Illinois and the provisions of the Tobacco Ordinance in the conduct of business at the location for which the licensee is proposed.
- 12. Applicant represents that applicant is not an ineligible person as defined in Section 5 of the Tobacco Ordinance.

I, _____ being duly sworn, upon oath, depose and say that I have
 (PRINT NAME)
 signed the above and foregoing application for a license and that I have read the questions and answers thereto and the statements therein as set forth in the above application and that the same is true in substance and in fact.

Applicant's Signature

State of _____)
) SS.
 County of _____)

Subscribed and sworn to before me, this _____ day
 of _____ A.D. _____

 Notary Public

For Use by Village of Homer Glen Only

Approved _____ Denied _____
 this _____ day of _____, _____

 VILLAGE OF HOMER GLEN, ILLINOIS