



United City of Yorkville  
651 Prairie Pointe Drive  
Yorkville, Illinois 60560  
630-553-4350

## Application for Tobacco Dealer License

*Please print legibly in ink or type application.*

*License Fee - \$50.00*

Type of Business: Corporation ☐ LLC ☐ Partnership ☐ Individual Applicant ☐

Name of Corporation, LLC, Partnership, or Individual: \_\_\_\_\_

Office Address of Corporation, LLC, Partnership: \_\_\_\_\_

\_\_\_\_\_, City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ Illinois Tax Number: \_\_\_\_\_

Local Business Name (assumed or d/b/a name): \_\_\_\_\_

Local Street Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 1: On-site General Manager:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_



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### Section 2: **Business Information:**

For Corporations - List each Officer, Director, and Shareholder owning more than 5% of stock.

For LLCs - List LLC Manager and all members of the LLC.

For Partnerships - List each Partner.

For Individual applicant - List individual applicant.

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_

**\* Please copy this page (if needed) to list all required persons**



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### Section 3: Business Premises

Does the applicant own the premises where the tobacco dealer business will be operated and maintained?

Yes ☐ No ☐

If not, does the applicant have a valid lease? Yes ☐ No ☐

Name and address of owner of premises:

Business Name: \_\_\_\_\_

Owner : Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Section 4: Tobacco Dealer Rules and Regulations

Has the applicant acquainted himself with the rules and regulations as defined in the Yorkville City Code, Title 3, Chapter 8: Tobacco Dealers? Yes ☐ No ☐

Does the applicant intend to comply with each and every provision thereof? Yes ☐ No ☐

### Affidavit for Tobacco Dealer License

State of Illinois

County of Kendall

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Tobacco Dealer License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY