



Tobacco License Application

Business Information

1. Business name (DBA): _____
2. Address - physical location: _____, Suite # _____ Gurnee, IL
3. Business Phone: _____ 4. Email: _____
5. Describe nature of business (e.g. restaurant, tavern/pub, retail pkg., store, etc.): _____
6. This space is owned leased by the business. If leased, complete the following lessor's information:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Billing Party Information – Where License Renewals and Other Official Notices Will Be Sent

7. Business Owner/Corporation Name: _____
8. Address: _____ City: _____ State: _____ Zip: _____
9. Contact Name: _____ 10. Phone: _____
11. Email: _____

Applicant Information

12. Manager/Agent Name: _____
13. Home Address: _____ City _____ State _____ Zip Code _____
14. Phone _____ 15. Email: _____
16. Sex: M F 17. Date of Birth: _____
18. Driver's License Number: _____ 19. US Citizen: Yes No
20. Place of Birth: City: _____ County: _____ State: _____
21. If not a US citizen, naturalized citizen? Yes No If yes, Country of Birth: _____
Date of Oath: _____ County Court: _____ State _____
22. How long in this type of business? _____ 23. Your status or title in the business: _____
24. List last three resident addresses:
Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____
Address: _____ City: _____ State: _____ Zip: _____
25. Have you (applicant) or any current business partner, owner, or if corporation, or any corporate officer, director, etc., ever applied for a tobacco license in this state, or in any other state at any time in the past; or are you applying somewhere else at this time? Yes No If yes, give all details, name of business, address, political entity application submitted to, license number issued, and relevant disposition:

26. Has applicant, any member of partnership/corporation, ever had a previous license that was revoked/suspended by the Federal Government, State or Local agency? Yes No If yes, cite when, where, and details:

27. Has applicant or member of partnership/corporation ever been convicted of a felony under Federal, State law, gambling, pandering, keeping a house of ill fame or misdemeanor opposed to decency or morality, any misdemeanor, any Federal or State tobacco laws, or forfeited any bond? Yes No If yes, provide dates and details:

28. Will the total sales of Tobacco and/or Alternative Nicotine Products be or exceed 50% of your total overall sales
Yes No If yes, provide the products to be sold at your location:

AFFIDAVIT

I (we) swear that I (we) will not violate any of the ordinances of the Village of Gurnee or laws of the State of Illinois or laws of the United States of America in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Tobacco Manager (Print)

Tobacco Manager (Signature)

SEAL

Subscribed and sworn to before me this

_____ day of _____ **AD** _____

Notary Public: _____

Submit Completed Application to:

Village of Gurnee • 325 N. O’Plaine Road • Gurnee, IL 60031 • Phone: 847-599-7500 • Fax: 847-623-0490