

Office Use Only
Lic # _____
ZEO Appr _____



3S258 Manning Avenue
Warrenville, IL 60555
Ph (630) 836-3050 Fax (630) 393-1531

TOBACCO DEALER LICENSE APPLICATION

CHOOSE ONE: NEW Application (\$35.00) _____ RENEWAL Application (\$10.00) _____

1. Business Name: _____
Business Address: _____
Business Phone#: _____

2. Business Owner's Name: _____
Business Owner's Address: _____
Business Owner's Phone: _____

3. Description of Business: _____

4. Illinois Tax # : _____ Federal ID #: _____

5. License should be mailed to : _____

6. Key Holders (In order of priority):
A. Name: _____ C. Name: _____
Phone: _____ Phone: _____
B. Name: _____ D. Name: _____
Phone: _____ Phone: _____

7. Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone #: _____

8. Estimated value of smoking materials now on hand: \$ _____

9. Has the applicant or any person listed above as key holders 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 for 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 Warrentville, may be activated for more than thirty (30) minutes. I hereby hold harmless the City of Warrentville 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: _____

APPLICATION CHECKLIST:

- Application fee enclosed \$35.00 New - \$10.00 Renewal** (*application cannot be processed without payment*)
- Application is signed and dated
- All sections are completed or marked not applicable (*application cannot be processed if any areas are left blank*)