CITY OF SOUTH BELOIT
519 Blackhawk Boulevard
South Beloit, Illinois 61080
(815) 389-3023

RETAIL TOBACCO DEALER'S LICENSE APPLICATION
Pursuant to Ordinance Sections 18-261 through 18-285

The undersigned hereby makes application for the issuance of a City of South Beloit Retailer's License for the sale of tobacco products and/or accessories, and certifies to the following facts:

1. Applicant's full name: _____
   Address: _____
   _____
   Email: _____
   Telephone: _____
   Date of Birth: _____

   If partnership, give names, addresses, phone numbers, birth dates and percentages of business owned:

   _____
   _____
   _____
   _____
   _____
   _____

   Date of formation of partnership: _____

2. If corporation, give names, addresses and phone numbers for each director, officer and holder of five percent (5%) or more of any stock, shares, etc.:
   _____
   _____
   _____
   _____
   _____
   _____

3. License Class applying for: A (Fee $250.00) B (Fee $3,000.00)

4. Name and address of business for which license is sought:
   _____
   _____
   _____

5. Nature of business:
   _____
   _____
   _____

6. Length of time applicant has been in business: _____

7. Current state tobacco license number from the Department of Revenue (indicate if already bonded under the Cigarette Tax Act of the Cigarette Use Tax Act):

_____

8. Has applicant ever been convicted of a felony or disqualified to receive a license by reason of any matter or thing contained in Chapter 18, Article VII, Tobacco Dealers, of the South Beloit Municipal Code or any Ordinance or Statute?

_____

9. Has the applicant made a similar application for a similar or other license on the premises other than described on the application? _____ If so, state the disposition of such application:

_____

10. Citizenship of the applicant, place of birth and, if naturalized citizen, date and place of their naturalization:

_____

11. Has a previous license by any state or subdivision thereof, or by the federal government, been revoked? _____ If so, state reason:

_____

The statements contained in this application are true and correct to the best of my (our) knowledge and belief. I will not violate any of the laws of the State of Illinois or of the United States or any Ordinance of the City of South Beloit in the conduct of my (our) business.

_____ _____
Signature of Applicant Date

_____ _____

_____ _____

_____ _____
Signature of Manager(s) or Agent(s) Date

_____ _____
Received at City of South Beloit by Date Time

FOR OFFICE USE ONLY

1. Annual Application For Business Permit License Received: YES_____ NO___
2. Sewer And Garbage Past Due Balance: YES_____ NO___
3. Property Taxes Past Due: YES_____ NO___
4. Code Enforcement Fines Past Due: YES_____ NO___
5. Permit Fees Paid: YES_____ NO___

Application Approved/Denied:_____

Authorized Staff Signature:_____

Approval Date:_____

Tobacco Dealer's License Number: _____