



100 Parkers Mill • Oswego, IL 60543
Ph: 630-554-3259 • Fax: 630-554-3306
Website: <http://www.oswegoil.org>
Email: registration@oswegoil.org

TOBACCO LICENSE APPLICATION

Please return completed Application and Fee to Village Clerk

Non-Refundable License Fee: \$50.00

License Period: May 1 through April 30

(A separate license shall be required for each point of sale)

1. Applicant Name: _____ Date: _____

2. Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Zoning Classification: _____

Character of Business (Principle Business Activity) or objectives for corporation: _____

Length of time the Applicant has been in a business of this character: _____

Illinois Municipal Retailer's Use and Service Occupation

Tax Number registered to an address in the Village of Oswego: _____

3. Name of Building Owner: _____

Address of Building Owner: _____

Mailing Address of Building Owner (if different): _____

Phone Number: _____ Email Address: _____

APPLICANT Information

4. Applicant Name: _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: _____ Citizenship: _____

Place of birth: _____

*** OFFICE USE ONLY ***

License No: _____ Date Received: _____ Date of Issuance: _____ License Fee: \$50.00 Background Check Fee: \$100.00 each

Mailing Address (if different): _____

Telephone number: _____ Alternate Number: _____

Are you a Sole Proprietor? Yes No

MANAGER Information

5. Manager Name: _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Place of birth: _____

Mailing Address (if different): _____

Telephone number: _____ Alternate Number: _____

BUSINESS OWNERSHIP Information

Please provide the following information regarding how the business was created and is owned:

Corporation Partnership Limited Liability Corporation (LLC)

6. Business Owner Name: _____

Business Owner Address: _____

Mailing address (if different): _____

Contact person: _____ Telephone number: _____

Date of Incorporation and objects for which corporation was incorporated: _____

7. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

Name _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

8. Full name and address of all partners and list principal business activity of each partner. If a naturalized citizen, please list the date and place of naturalization.

(a) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(b) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(c) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(d) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Principle Business Activity: _____

LOCAL CONTACT Information

9. Full name and address of registered agent and local manager.

Agent _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Manager _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

10. Has the applicant been convicted of a felony? Yes No If yes, please explain:

11. Has the applicant been convicted in the past three years of: keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; gambling; keeping a gambling place or any offenses involving bodily harm:

Yes No If yes, please explain: _____

12. Has the applicant had a tobacco license revoked? Yes No If yes, please explain:

13. Does the applicant own the premises? If not, the applicant must provide a copy of a valid lease for the entire term of the license.

14. Is the applicant a distributor of tobacco products? Yes No

15. Description of the premises or place of business which is to operate under the license:

16. All applicants, partners, shareholders of corporations, members for LLC's and managers shall submit fingerprints as a part of the application and shall pay a one hundred-dollar (\$100.00) fee for said fingerprints. The fingerprint fee shall apply to each applicant, partner, shareholder of corporations, member for LLC's and manager named per application.

17. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the sale of tobacco products, alternative tobacco/nicotine products, vapor products, or electronic smoking devices and abide by all of them? Yes No

18. Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to the sale of tobacco products, alternative tobacco/nicotine products, vapor products, or electronic smoking devices? Yes No

If yes, please explain: _____

Please submit the following with the application:

- a) Copy of State issued tobacco license
- b) Copy of driver's license for all applicants, owners, managers and registered agent
- c) Copy of lease
- d) Completed and signed Consent to Background Check for each applicant/owner/manager
- e) Non-refundable background check fee= \$100.00 for each applicant/owner/manager
- f) Non-refundable license fee= \$50.00

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class II fine, plus applicable hearing costs, as provided in subsection 1-4-3E of this code.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Signed: _____ Date: _____
(Authorized Signature)

Title: _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

