

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

RETAIL TOBACCO DEALER'S LICENSE APPLICATION-2019

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: _____

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 Has a previous license by any state or subdivision thereof, or by the federal government, been revoked?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