

10 N. Water Street
847-741-2151
847-888-0052 Fax

Village of South Elgin Police Department

Hours of Operation
Monday - Friday
8:30 am - 5:00 pm
24-Hour 911

www.southelgin.com

TOBACCO DEALER LICENSE APPLICATION

SECTION A: BUSINESS INFORMATION

Name of Business: _____

Address: _____ Email: _____

Principal Contact: _____ Phone: _____

Type of Business:

Corporation

Limited Liability Company

Date and State of Incorporation or Organization: _____

SECTION B: ESTABLISHMENT/PREMISE INFORMATION

Name - Doing Business As: _____

Location Address: _____

Location Phone: _____ Email: _____

Describe the kind of tobacco products to be handled, dealt in, sold or given away: _____

SECTION C: MANAGER INFORMATION (Person within the Village's municipal limits whom service may be accomplished)

Manager Name: _____

Address: _____

Phone: _____ Email: _____

AFFIDAVIT

I, first being duly sworn (or affirm), under oath depose and say that I am an applicant for the license requested in the foregoing application; that answers to the questions asked in the foregoing application are true and correct in every detail. I further state that I have read and understand the Code of Ordinances of the Village of South Elgin as it pertains to Tobacco Dealers (Title XI, Chapter 119) and the laws of the State of Illinois. I further agree not to violate any of the laws of the State of Illinois, or any of the ordinances of the Village of South Elgin in the conduct of my place of business. I also understand that an untrue, incorrect or misleading answer given in this application is sufficient cause for the refusal to grant or the revocation of any license granted pursuant to this application.

Signature of Applicant: _____

Printed Name of Applicant: _____

Title/Position: _____ Dated: _____

For Office Use Only

Date Received: _____

Received by: _____

Date Approved: _____

Approved by: _____