



**TOBACCO LICENSE APPLICATION**  
**LICENSE PERIOD: JULY 1 - JUNE 30**  
**FEE: \$50.00**

LOCATION NO: \_\_\_\_\_

SALES TAX NO: \_\_\_\_\_

**Please make sure to include a copy of your state tobacco license when submitting this application.**

PLEASE SELECT ONE OF THE FOLLOWING:

VENDOR ASSISTED SALES:

VENDING MACHINES:

#### BUSINESS INFORMATION

CORPORATE NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If different from above): \_\_\_\_\_

BUSINESS PHONE NO: \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

#### APPLICANT INFORMATION

NAME (First and last): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_

**Please make sure to include a copy of your driver's license when submitting this application.**

#### PRIMARY CONTACT INFORMATION

NAME (First and last): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_

**Please make sure to include a copy of your driver's license when submitting this application.**

**ADDITIONAL QUESTIONS**

1. HAVE YOU EVER SUBMITTTED AN APPLICATION FOR ANY LICENSE(S) IN THE VILLAGE OF MONTGOMERY OR IN ANOTHER LOCATION OTHER THAN THE ONE FOR WHICH THIS LICENSE IS BEING SOUGHT?

YES  NO

IF YES, PLEASE SPECIFY WHERE AND WHAT TYPE OF LICENSE YOU APPLIED FOR?

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2. HAS YOUR APPLICATION EVER BEEN REJECTED?

YES  NO

IF YES, PLEASE EXPLAIN:

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3. HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED?

YES  NO

IF YES, PLEASE EXPLAIN:

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4. HAVE YOU, THE OWNER(S), MANAGER(S) OR PARTNER(S) IN THE BUSINESS BEEN CONVICTED OF A FELONY OR ANY CRIMINAL OFFENSE OR ORDINANCE VIOLATION IN ANY JURISDICTION SINCE THE LAST APPLICATION?

YES  NO

IF YES, PLEASE EXPLAIN:

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5. WILL YOU CONTINUE TO FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS, AND ORDINANCES OF THE VILLAGE OF MONTGOMERY PERTAINING TO THE SALE OF TOBACCO PRODUCTS?

YES  NO 

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**ATTACHMENTS**

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- A COPY OF YOUR DRIVER'S LICENSE
- A COPY OF YOUR TOBACCO STATE LICENSE

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I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE TOBACCO LICENSE ORIDNANCE. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. ANY FALSE OR MISLEADING INFORMATION PROVIDED HEREIN MAY RESULT IN THE DENIAL OF YOUR APPLICATION. ANY VIOLATION OF THE TOBACCO ORDINANCE MAY RESULT IN FINES, REVOCATION, OR SUSPENSION OF YOUR TOBACCO LICENSE.

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SIGNATURE OF OWNER OR MANAGERDATE

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**FOR OFFICE USE ONLY**

BUSINESS NAME:

LOCATION NO:

AMOUNT RECEIVED:

DATE RECEIVED:

METHOD OF PAYMENT:

PROCESSED BY:

ZONING VERIFIED BY: