

License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Date Effective \_\_\_\_\_  
Fee Rec'd: \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Approved for License

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR TOBACCO SALES LICENSE**

Under Highwood Ordinance

To Be Filed with the City Collector, City of Highwood

**ALL LICENSES EXPIRE JUNE 30TH FOLLOWING THEIR ISSUANCE**

1. Name of Person filling out this application: \_\_\_\_\_  
\_\_\_\_\_  
Home telephone number: \_\_\_\_\_  
Current Business telephone number: \_\_\_\_\_  
Mobile telephone number: \_\_\_\_\_  
Pager telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
\_\_\_\_\_

2. Name of proposed Tobacco Sales license holder: \_\_\_\_\_

(If applicable, please attach to this application a copy of the most recent State of Illinois liquor license issued to this business.)

3. Address of Tobacco Sales Premises for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

4. Is the proposed Tobacco Sales license holder the owner of the premises where the business will be conducted? \_\_\_\_\_  
If "Yes" attach a copy of deed or document of Title.

If not, please state:

(A) Name of Owner of premises for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

(B) Telephone Number: \_\_\_\_\_

(C) Address: \_\_\_\_\_

(D) Name of Lessee of premises for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

(E) Telephone Number: \_\_\_\_\_

(F) Address: \_\_\_\_\_

(G) Does Applicant have the Owner's consent to conduct Tobacco Sales on the premises: \_\_\_\_\_

(H) Term of lease (if applicable): \_\_\_\_\_

**Attach copy of lease to this application (if applicable).**

5. Is the business a sole proprietorship, partnership, LLC or corporation? \_\_\_\_\_  
\_\_\_\_\_

**Attach copies of the following:**

**Assumed name certificate (d/b/a), if applicable;**

**Certificate of Incorporation, if applicable;**

**Operating Agreement, if applicable;**

6. Business Name: \_\_\_\_\_

7. If applicant is a corporation or LLC state:

(A) Exact corporate/LLC name: \_\_\_\_\_  
\_\_\_\_\_

(B) Name, address and telephone number of Registered Agent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Business Phone Number: \_\_\_\_\_

9. Emergency Phone Number(s) and contacts for Non-Business Hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Full description of location of premises specifying floor, room, etc. (Or specific area in which any cigarette vending device is located which license is sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is any cigarette vending machines located in one of the following areas:

\_\_\_\_\_ (A) A factories, business, office, private club, and other places not open to the general public.

\_\_\_\_\_ (B) A place to which minors under the age of eighteen (18) years of age is not permitted access.

\_\_\_\_\_ (C) A place where alcoholic beverages are sold and consumed on the premises.

\_\_\_\_\_ (D) A place where the vending machine is under the direct supervision of the owner of the establishment or an employee over eighteen (18) years of age. The sale of tobacco products from a vending machine under direct

supervision of the owner or an employee of the establishment is considered a sale of tobacco products by that person. As used in this Ordinance, "direct supervision" means that the owner or employee has an unimpeded line of sight to the vending machine.

\_\_\_\_\_ (E) A place where the cigarette vending machine can only be operated by the owner or an employee over the age of eighteen (18) years, either directly or through a remote control device if the device is inaccessible to all customers.

12. State principal kind of business conducted at the premises: \_\_\_\_\_  
\_\_\_\_\_

13. Date on which foregoing business was begun at this location:  
\_\_\_\_\_

14. Number of total employees. \_\_\_\_\_

15. Illinois Sales Tax Number. \_\_\_\_\_

16. Business Name to which Illinois tax number is assigned.  
\_\_\_\_\_

17. Federal Employer Identification Number: \_\_\_\_\_

18. Are there any signs or advertisement for tobacco products or tobacco accessories on proposed license premises? If so, give the particulars (Location, type, Size etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Each applicant for a Tobacco Sales License acknowledges that such signage which is not in conformance with Highwood Appearance Code and all other Ordinances must be removed. The granting of a license does not constitute approval of signage, or imply building code compliance. Further, the applicant will be required to post and maintain all required advisory signage pursuant to stat, federal, and local laws and regulations.**

19. Has any license previously issued to license holder (or any owner, partner, shareholder or manager of license holder) by State, Federal or Local authorities been revoked?  
\_\_\_\_\_

If "Yes" explain details on a separate sheet of paper.

20. Has application been made for a tobacco sales license for any premises other than those described above? \_\_\_\_\_

If so, what was the disposition of this application? \_\_\_\_\_  
\_\_\_\_\_

21. List applications made to other communities for a Tobacco Sales License and disposition: Issued, denied, revoked.

Community No. 1 \_\_\_\_\_  
Community No. 2 \_\_\_\_\_  
Community No. 3 \_\_\_\_\_  
Comments/Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Individual License Holder or all Persons sharing in Profits or Partnership must answer the questions below. This includes all Shareholders, Officers, and Directors of a Corporate Applicant and all members of a limited liability company. If more than two (2) individuals, attach an additional page.

Name: \_\_\_\_\_  
Title/Position/Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_  
State of License: \_\_\_\_\_

Name: \_\_\_\_\_  
Title/Position/Interest: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_  
State of License: \_\_\_\_\_

23. Is, or will this business be conducted by a manager or agent? \_\_\_\_\_

For each Manager, Provide the following information (if more than two (2) individuals, attach an additional page):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_  
State of License: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_  
State of License: \_\_\_\_\_

24. Has the license holder (or any owner, partner, director, shareholder or manager of license holder), ever been convicted of any crime under the Criminal Code of Illinois (person named in question 22 & 23), ever been convicted of any crime including but not limited to the Criminal Code of Illinois, Criminal Code of any other state, Federal Law, or any other Jurisdiction, any Federal or State Prohibition or Liquor Act; or otherwise permitted an appearance bond forfeiture concerning the above (other than minor traffic offenses). Answer "Yes" or "No" \_\_\_\_\_  
If Answer is "Yes" state the offense. \_\_\_\_\_

Date of offense: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Location of Court: \_\_\_\_\_  
Disposition: \_\_\_\_\_

25. Has suit been filed against applicant (or any owner, partner, director, shareholder or manager of license holder) within the last five (5) years, in any jurisdiction for any of the following:

(a) Consumer fraud under Federal or State law:

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Assault, battery, disorderly conduct, false imprisonment, trespass to chattel, conversion, malicious prosecution, civil rights violation or intentional or negligent infliction of emotional distress.

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes for each and every charge or suit filed regarding the above, state the exact name of the Plaintiff; exact name of the Defendant; Court or jurisdiction in which the charge or suit was brought; the case number and disposition of each charge or suit: \_\_\_\_\_

26. Is the premises within one hundred (100) feet of any school, childcare facility or other building used for education or recreational programs for persons under the age of eighteen (18) years? Answer: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes were tobacco sales conducted at the premises prior to \_\_\_\_\_ and does such businesses continue to provide the same service?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_

Has all tobacco advertising been removed from the premises.

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_

27. Each person certifies by signing this application that he has read the applicable Highwood Ordinances and agrees that the applicant and its employees and agents shall fully comply with its terms and all future amendments.

28. The applicant shall fully comply with the Fire Safety regulations and Alarm regulations for the premises as a condition precedent to the issuance of any Tobacco Sales license hereunder. The Fire Alarm Services provider is:

\_\_\_\_\_

(List, name, address and telephone number of service provider.)

I hereby affirm that I, am of good character and reputation and that I will not violate any of the Laws of the State of Illinois, the United States, or any Ordinance of the City of Highwood in the conduct of the business. Further, I affirm that the information provided in this application is accurate and complete and that I will provide whatever additional information is requested for consideration of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name & Title/Position): \_\_\_\_\_

SUBSCRIBED and SWORN to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE ONLY**

Documents:	Assumed Name Certificate:	_____
	Incorporation	_____
	Deed or Lease	_____
	Alarm application/information	_____
	Operating Agreement (if LLC)	_____

Approved Signature: \_\_\_\_\_

Approved by Mayor Signature: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ License Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_