



INDIVIDUAL CORPORATE FORM
APPLICATION FOR CITY RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS

The undersigned hereby files application for the issuance of a city retailer's license for the sale of tobacco products for the term ending April 30, 20____, and hereby certifies to the following facts:

1. APPLICANT CORPORATE INFORMATION

- a. Applicant's corporate name and address: _____
- b. Name under which business is to be operated: _____

2. APPLICANT BACKGROUND INFORMATION

Any officer, manager or director and any stockholder owning in the aggregate more than five (5) per cent of the stock of the corporation must provide the following information. (Attach additional paper as needed to provide complete information.)

- (a) Applicant's full name: _____
- (b) Date of birth _____
(Month) (Day) (Year)
- (c) Residence Address _____ Telephone _____
(Give street and number)
- (d) Work Address _____ Work Telephone _____
- (e) Email Address: _____
- (f) Place of birth _____
- (g) Are you a citizen of the United States'? _____
If a naturalized citizen, when naturalized? _____ Where naturalized? _____
(Month) (Day) (Year) (City and State)
Court in which (or law under which) naturalized _____
- (h) Last three home addresses, including exact street address, city and zip code:
 - i. _____
 - ii. _____
 - iii. _____
- (i) Have you ever been convicted of any felony under any Federal or State law? _____
If so, give date and state offense _____
- (j) Have you ever been convicted of gambling, keeping a gambling place, being the keeper of or keeping a house of prostitution; or of solicitation or other crime or misdemeanor opposed to decency and morality? _____
If so, give dates and state offense _____
- (k) Have you made application for a license for premises other than described in this application? _____
If so, give date, location of premises and disposition of application _____

- (l) Has any license previously issued to you by State, Federal or local authorities been revoked? _____
If so, state reasons therefore and date of revocation _____
- (m) Is applicant a permanent resident of the City of Rockford? _____
- (n) Is the applicant disqualified from receiving a tobacco license by reason of any matter or item contained in the laws of the state of Illinois, this chapter, or any other code or ordinance of the City of Rockford? _____
- (o) Will the applicant hire private security licensed by the State of Illinois upon the written request of the City of Rockford? _____
- (p) Has the applicant submitted his/her fingerprints to the appropriate authorities for purposes of completing a background check on applicant? _____ If yes, when did such submission occur? _____

STATE OF ILLINOIS)
COUNTY OF WINNEBAGO) SS.

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Subscribed and Sworn to before me this _____ day of _____, A.D. 20_____

Notary Public

Signature of Applicant