



**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: \_\_\_\_\_
- b. Applicant's corporate address: \_\_\_\_\_
- d. 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%) percent 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 No. \_\_\_\_\_  
(Give street and number)
- (d) Work Address \_\_\_\_\_ Work Telephone No. \_\_\_\_\_
- (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- (l) Has any license previously issued to you by State, Federal or local authorities been revoked?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 tobacco commissioner? \_\_\_\_\_
- (p) Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing tobacco? \_\_\_\_\_
- (q) 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