



**INDIVIDUAL FORM
APPLICATION FOR CITY RETAILER’S LICENSE TO SELL TOBACCO PRODUCTS**

The undersigned hereby makes (make) 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 (certify) to the following facts:

1. Applicant 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 similar 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(l) Has any license previously issued to you by State, Federal or local authorities been revoked?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? _____

2. **Business Information**

(a) Name under which business is to be conducted _____

(b) Location of place of business for which license is sought: _____ Telephone No. _____
(Exact address by street and number)

(c) The character of the business _____
(i.e. tavern, restaurant, grocery store, gas station, night club, etc.)

(d) Hours of Operation _____

(e) Does the applicant beneficially own or have a contract to purchase the premises for which this license is sought? _____

If not, has applicant a lease on such premises covering the full period for which license is sought? If so, please provide:

(i) Name and address of lessor _____

(ii) Period covered by lease: From _____, 20____ to _____, 20____

(f) Is applicant licensed as a food dispenser? _____ If so, give number of license _____

(g) The length of time the applicant has been in the business of the character described above _____

(h) Is the premises for which a tobacco license is sought comprised of a store or other place of business where the majority of customers are under the age of eighteen (18) years or where the principal business transacted consists of the sale of school books, school supplies, food, lunches, or drinks for such customers? _____

(i) Will applicant be personally, actively involved in the day-to-day operations of the business to be licensed? _____

(j) What is the amount of anticipated tobacco sales as a percentage of gross annual sales of the business? _____

3. Is the location of applicant's business for which license is sought within 100 feet of the nearest property line of any of the following properties:

schools _____ churches _____ mental health clinics _____
hospitals _____ senior citizen housing _____ child care center _____
transitional service facilities _____ homeless/indigent shelters _____ hospices _____
community based housing as defined by the City of Rockford Zoning Ordinance _____
nursing or personal care facilities _____ homes for veterans, their spouses or children _____
any military or naval stations _____ any church building used for worship or educational purposes _____

4. Is any law enforcing official, mayor, alderman or member of the city council directly or indirectly interested in the business for which license is sought? _____

5. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs complying with state law exempted.) _____

6. Do you hold any other current business licenses issued by the City of Rockford? Yes () No ()

If so, what type of license do you currently hold and what is the address of the licensed premises?

(type) (address)

7. Does applicant hold or ever held a tobacco license issued by the State of Illinois to any other political subdivision of Illinois or any other state? _____
- (i) If yes, please list from which political subdivisions applicant has been issued a tobacco license

- (ii) Has any previous license to applicant or any partnership to which applicant was a party by any state or subdivision thereof, or by the federal government been revoked, suspended, or a fine issued pursuant to violations of any regulations? _____ If yes, please list the dates of said revocation, suspension or fines and the reasons therefor.

8. Does the applicant agree not to violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City of Rockford in the conduct of applicant's place of business? _____
9. Has applicant submitted his/her fingerprints to the appropriate authorities for purposes of running a complete background check on applicant? _____ If yes, when did such submission occur? _____
10. Illinois Retailers Occupation Tax number currently assigned to the business or individual applicant: _____
11. Is the business for which a tobacco license is sought or the individual applicant currently delinquent in payments to the Illinois Department of Revenue, City of Rockford or any other governmental entity? _____
12. What is the existing inventory level for the proposed business? _____

13. Will the applicant hire private security licensed by the State of Illinois upon the written request of the tobacco commissioner?

14. Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing tobacco? _____

STATE OF ILLINOIS)SS.
COUNTY OF WINNEBAGO)

I (or we) swear (or affirm) that I (or we) 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 (our) knowledge and belief.

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

 Notary Public

 Signature of Applicant