

- (l) Has any license previously issued to you by State, Federal or local authorities been revoked?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) 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? _____
- (p) Has the applicant submitted his/her finger prints to the appropriate authorities for purposes of running a complete background check on applicant? _____ If yes, when did submission occur? _____
- (q) Will the applicant hire private security licensed by the State of Illinois upon the written request of the tobacco commissioner? _____
- (r) Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing tobacco? _____

STATE OF ILLINOIS)SS.
COUNTY OF WINNEBAGO)

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