



**RENEWAL  
PARTNERSHIP FORM  
APPLICATION FOR CITY RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS**

The undersigned hereby makes (make) an 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 PARTNERSHIP INFORMATION**

(a) Partnership's full name and address: \_\_\_\_\_

(b) Name under which business is to be operated: \_\_\_\_\_

(c) State the names of officers as indicated, with their respective full and complete residence addresses, giving street and number, city and state:

President: \_\_\_\_\_ (Residence Address)

Vice President: \_\_\_\_\_ (Residence Address)

Secretary: \_\_\_\_\_ (Residence Address)

Treasurer: \_\_\_\_\_ (Residence Address)

(d) Business email address: \_\_\_\_\_

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 and principal type 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 obtained 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 on premises day-to-day operations of the business to be licensed? \_\_\_\_\_

(j) Is the business or will the business for which a tobacco license is sought be managed by a manager or agent? \_\_\_\_\_

(k) Has the manager's position changed in the last six (6) months? Yes ( ) No ( )

**\*If the answer is yes, all managers/agents must complete a background check and manager/agent application.**

(l) What is the amount of tobacco sales as a percentage of gross annual sales of the business from May 1<sup>st</sup> of the last calendar year to date? \_\_\_\_\_

3. 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? \_\_\_\_\_

4. 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.) \_\_\_\_\_

5. 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)

6. Has the partnership (applicant) or any officer, manager or director of said partnership 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 \_\_\_\_\_

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? \_\_\_\_\_

(a) If yes, please list from which political subdivisions applicant has been issued a tobacco license

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

- (b) Has any license previously issued to applicant or any partnership in 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 therefore.
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. Illinois Retailers Occupation Tax number currently assigned to the business or individual applicant: \_\_\_\_\_
10. 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?  
\_\_\_\_\_
11. What is the existing inventory level for the business? \_\_\_\_\_
12. Will the applicant hire private security licensed by the State of Illinois upon the written request of the tobacco commissioner? \_\_\_\_\_
13. Has any officer, manager, or director of said partnership ever been convicted of any felony under any Federal or State law? If so, give name of person so convicted, stating date and offense  
\_\_\_\_\_  
\_\_\_\_\_
14. Has any officer, manager, or director of said corporation ever been convicted of gambling, keeping a gambling place, of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency and morality? \_\_\_\_\_  
  
If so, give name of person so convicted, giving dates and stating offense \_\_\_\_\_
15. Has any license previously issued by State, Federal, or local authorities to the partnership (applicant) or to any officer, manager, or director of said partnership been revoked? If so, give name of licensee and state reasons for and date of revocation. \_\_\_\_\_
16. Has the nature, character or day-to-day operations of the licensed premises changed in any way from representations made on the original application, application for Special Use Permit where applicable, or any other documents presented to any city staff at the time the initial application for a tobacco license was made? (i.e. entertainment uses, hours of operation, change in ownership structure, etc.) \_\_\_\_\_ **If yes, please attach a detailed explanation of any changes.**

**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