



## MANAGER APPLICATION FOR CITY RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS

The undersigned hereby files a Manager 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 Information

(a) Applicant's full name: \_\_\_\_\_

(b) Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month) (Day) (Year)

(c) Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Give street and number)

(d) Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

(e) Email Address \_\_\_\_\_

(f) 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 \_\_\_\_\_

(g) Last three home addresses, including exact street address, city and zip code:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

(h) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_

If so, give date and state offense \_\_\_\_\_

(i) 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 \_\_\_\_\_

(j) Have you ever permitted a bond forfeiture for any of the violations mentioned in (h) or (i)? \_\_\_\_\_

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(l) Has any license previously issued to you by State, Federal or local authorities been revoked?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

3. 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)

4. Does applicant hold or ever held a tobacco license issued by the State of Illinois or 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 or corporation 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 therefore.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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? \_\_\_\_\_

6. 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? \_\_\_\_\_

7. 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