



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

The undersigned hereby files 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 Information**

- (a) Applicant's full name: \_\_\_\_\_
- (b) Date of birth \_\_\_\_\_  
(Month) (Day) (Year)
- (c) Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street and number)
- (d) Work Address \_\_\_\_\_ Work Telephone No. \_\_\_\_\_
- (e) Email Address \_\_\_\_\_
- (f) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_  
If so, give date and state offense \_\_\_\_\_
- (g) 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 \_\_\_\_\_
- (h) 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 \_\_\_\_\_
- (i) Has any license previously issued to you by State, Federal or local authorities been revoked? \_\_\_\_\_  
If so, state reasons therefore and date of revocation \_\_\_\_\_
- (j) Is applicant a permanent resident of the City of Rockford? \_\_\_\_\_
- (k) Is 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 a licensed 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 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. 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 therefore.

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

7. 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? \_\_\_\_\_
8. Illinois Retailers Occupation Tax number currently assigned to the business or individual applicant:  
\_\_\_\_\_
9. 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?  
\_\_\_\_\_
10. What is the existing inventory level for the business?  
\_\_\_\_\_  
\_\_\_\_\_
11. Will the applicant hire private security licensed by the State of Illinois upon the written request of the tobacco commissioner? \_\_\_\_\_
12. Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing tobacco?  
\_\_\_\_\_
13. 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.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF ROCKFORD TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, AND THE CITY OF ROCKFORD CODE OF ORDINANCES.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant