



**RENEWAL
INDIVIDUAL PARTNERSHIP 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 PARTNERSHIP INFORMATION

- a. Applicant's partnership name and address: _____
- b. Name under which business is to be operated: _____

2. PARTNER APPLICANT INFORMATION (All questions must be answered as they relate to each and every partner)

- (a) Applicant's full name: _____
- (b) Date of birth _____
(Month) (Day) (Year)
- (c) Residence Address _____ Telephone No. _____
(Give 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 other 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- (i) Has any license previously issued to you by State, Federal or local authorities been revoked?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 the applicant disqualified from receiving a liquor 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? _____
- (l) Does the applicant agree to not 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? _____
- (m) Will the applicant hire private security licensed by the State of Illinois upon the written request of the tobacco commissioner? _____
- (n) Has the applicant reviewed Chapter Three of the City of Rockford Code of Ordinances governing tobacco? _____

- (o) 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