



APPLICATION FOR MODIFICATION TO AN EXISTING TOBACCO LICENSE

The undersigned hereby makes application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending April 30, 20____, and hereby certifies to the following facts:

1. APPLICANT CORPORATE INFORMATION

- a. Applicant's corporate name : _____
(if applicable)
- b. Applicant's corporate address: _____
- c. Applicant's email address: _____

2. Applicant Background Information

Any officer, manager or director and any stockholder owning in the aggregate more than five percent (5%) of the stock of the corporation must provide the following information. (Attach additional paper as needed to provide complete information)

- (a) Applicant's Full Name: _____
- (b) Residence Address: _____
- (c) Telephone: _____

3. Business Information

- (a) Name under which business is to be conducted _____
- (b) Location and description of place of business for which license is sought: _____

Telephone No. _____

*If this is an application for a new liquor license, attach an interior layout plan and an exterior site plan to scale.

- (c) The character of the business _____
(i.e. grocery store, gas station, etc.,)
- (d) Does the applicant beneficially own or have a contract to purchase the premises for which this license is sought?

- (e) 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 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 twenty-one (21) years or, where the principal business transacted consists of the sale of school books, school supplies, food, lunches, or drinks for such customers?

4. Modification Requested

**STATE OF ILLINOIS
COUNTY OF WINNEBAGO**

SS.

I (or we) swear (or affirm) that I (or we) 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 (our) knowledge and belief.

Subscribed and Sworn to before me this _____ day of _____, A.D. 20_____

Notary Public

Signature of Applicant