TOBACCO LICENSE APPLICATION

Date of Application: _____

Name of Applicant: _____ Age:_____

Address: _____

Citizenship: _____ If Naturalized, Date & Place: _____

In case of partnership, names and address of partners: _____

_____

_____

_____

In case of corporation, names and addresses of officers & directors: _____

_____

_____

_____

Location and description of premises to be operated under license: _____

_____

_____

_____

Years of experience in tobacco sales: _____

Have you ever applied for a tobacco license: _____ Yes _____ No

Have you ever been refused a liquor license: _____ Yes _____ No

Do you or your corporations understand the terms and conditions of the State of Illinois and Minooka Village Code regarding tobacco laws and regulations? _____ Yes _____ No

The applicant certifies that they have never been convicted of a felony and is not disqualified to receive a license by reason of any matter or thing contained in the Village of Minooka Tobacco Control Ordinance, offence or law regarding moral turpitude.

REFERENCES:

Character: 1. _____

2. _____

Credit: 1. _____

2. _____

3. _____

_____ _____

Signature of Applicant *Witness*