



APPLICATION FOR CITY OF FREEPORT TOBACCO DEALER - CHAPTER 874

The undersigned hereby applies for a license, under Part Eight, Business Regulation and Taxation Code of the Codified Ordinances of Freeport, Illinois, and under Chapter 874:

Applicable Fee: _____ Licensing Period _____

874.05 LICENSE FEE.

The license fee for a new tobacco dealer’s license shall be a non-refundable fee of one thousand dollars (\$1,000.00). The license fee in the second year and annually thereafter shall be three hundred dollars (\$300.00) for license holders in good standing. Refer to Section 874.05, License Fee for further information.

APPLICANT – CORPORATE INFORMATION

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED. If you need to obtain this number, visit www.tax.illinois.gov and click on the “Businesses” / “Business Registration.” If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign) or limited liability company in this box. Note: this name must be consistent with the name printed on your Tobacco License and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Name

D. MAILING ADDRESS/PHONE (if different than premise address/phone)

Enter the county, city, state, zip code, street address, and area code/telephone number/extension of the sole proprietorship, corporation, etc.

County	City	State	Zip Code
Street Address		Area Code/Telephone No.	
		()	EXT.

STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois' in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK: _____
- B. PARTNERSHIP DATE OF FORMATION: _____
- C. ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. FOREIGN CORPORATION STATE OF INCORPORATION: _____
- E. LIMITED LIABILITY COMPANY SECRETARY OF STATE FILE #: _____
- F. LIMITED PARTNERSHIP DATE QUALIFIED TO DO BUSINESS IN IL: _____
- G. LIMITED LIABILITY PARTNERSHIP

OWNERSHIP INFORMATION

Provide the owner/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

Name (Last, First, Middle Initial)		Home Address		State	Zip Code
Date of Birth	Sex	Title/Position	Area Code/Telephone No.	% Owned	
			()		

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____%

BUSINESS PREMISE INFORMATION

___ If you want your renewal license certificate and other correspondence sent to your business premise please check this.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling tobacco at the licensed premises. **Note! This name must be consistent with the name printed on your State license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.**

Name (Doing Business D/B/A)

B. TELEPHONE

Area Code/Telephone No.
() EXT.

C. ADDRESS

Enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate.

Address	City	State	Zip Code	County

D. BUSINESS TYPE

Check the one box which best describes the type of business. If the selections are inappropriate, describe the business under "other"

- A. DRUG STORE
- H. HOTEL/MOTEL
- B. RESTAURANT
- I. CONVENIENCE/GAS
- C. CONVENIENCE
- J. SMALL GROCERY
- D. SUPERMARKET
- K. GAS STATION
- E. LIQUOR STORE
- L. OTHER _____
- F. DEPARTMENT STORE
- G. BAR/TAVERN

E. STATE LICENSE AT PREMISE

STATE OF ILLINOIS TOBACCO LICENSE (IL DEPT. OF REVENUE)

License No.	Date Issued	Expiration Date	Date you began Tobacco Sales at this Premise (Approximate)

F. HOURS

MON	TUES	WED	THURS	FRI	SAT	SUN

G. EXPECTED OPENING DATE

WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING TOBACCO? _____

H. SURVEILLANCE (Section 874.13)

Tobacco Dealers are required to have an operating surveillance system in their business approved by the Chief of Police, unless a specific exemption applies.

Does business have a surveillance camera system? Circle one: **Yes** **No**

If "Yes" name and contact information for employee responsible for system:

Contact Person	Area Code/Phone Number (Home, cell, etc.)	Business Phone Number
	()	()
Email Address	Fax Number	Available Hours
	()	

If "No" check applicable exemption type;

- Business is exempt because access to premises by persons under the age of 18 is prohibited by law.
- Business is exempt because premise is a valid holder of Class A Liquor License.
- Business requests exemption due to being a valid holder of Class A-R or W Liquor License where access to tobacco products is in segregated area limited to those over 18. (Requires physical inspection prior to exemption approval)

I. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 2 of this form.

Yes	No	I.1. Have you ever made application for a tobacco license which has been denied?
Yes	No	I.2. Have you ever had any previous tobacco license suspended or revoked?
Yes	No	I.3. If a corporate licensee, is your corporation ineligible to be issued this license (Section 802.14 of the Codified Ordinances of Freeport, IL)
Yes	No	I.4. Is the applicant a citizen of the United States or a declarant thereof? (Section 802.14 of the Codified Ordinances of Freeport, IL)
Yes	No	I.5. Is the applicant of good moral character? (Section 802.14 of the Codified Ordinances of Freeport, IL)
Yes	No	I.6. Is the applicant in default under the provisions of the Business Regulation and Taxation Code or indebted to the City? (Section 802.14 of the Codified Ordinances of Freeport, IL)
Yes	No	I.7. Have you ever been convicted of a felony?
Yes	No	I.8. Have you read the provisions of Chapter 874 Regulation of Tobacco Products and understand it fully?
Yes	No	I.9. Do you understand it is unlawful to sell or offer for sale at retail, to give away, deliver or to keep with the intention of selling at retail, giving away, or delivering tobacco products or smoking herbs without a license?
Yes	No	I.10. Is the premise in compliance with Section 874.06 and 874.13 in regard to required posted signs?
Yes	No	I.11. Is the premise within 100 feet of any school, child care facility, or other building used for education or recreational programs to person under the age of 18 years old? (Section 874.10 of the Codified Ordinances of Freeport, IL)
Yes	No	I.12. New Applicants: Have you obtained a Certificate of Occupancy permit by the Building Commissioner for the premise?

