



Tobacco and Alternative Nicotine Products Retailer License Application

Village of Machesney Park | 300 Roosevelt Rd.

Machesney Park, IL 61115 | 815-877-5432

Issued License Valid May 1st – April 30th
Pursuant to Chapter 9 of the Machesney Park Village Code

Return completed application and license fee to Village Hall

All information must be in black ink, printed or typed and form duplicated.

Application Date:

I. Applicant

Name of Applicant: (print or type)

Last

First

Middle

Primary address of Applicant: (P.O. Boxes are not acceptable)

Street (include Apt.#)

City

State

Zip Code

Home and business phone number(s):

Hours when you can be contacted:

Home Telephone: (____) _____ Email: _____

from: _____ to: _____

Cell Phone: (____) _____

from: _____ to: _____

Business/Work Telephone:(____) _____ Fax: _____

from: _____ to: _____

Birth Date: Mo.____/Day____/Yr.____

Place of Birth (City, State) _____

U.S. Citizen? Yes No

Sex: M F

Driver's License #: _____

State Issued in: _____

Exp. Date _____

What is your relationship to the business for which the license is sought? Owner Shareholder (5% or more) Manager

II. Business Information

Business Name and Address: (P.O. Boxes are not acceptable)

Name

Address

Business Phone

Business Fax

Employer Identification Number (EIN)

State Tobacco License Number

Type of Business

Website Address



Tobacco and Alternative Nicotine Products Retailers License Application

Village of Machesney Park | 300 Roosevelt Rd.
Machesney Park, IL 61115 | 815-877-5432

III. Affidavit Please sign and attach permit fee payment

I, first being duly sworn, under oath depose and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character and standing and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Code provisions of the Machesney Park Village Code which address the sale and delivery of tobacco products, alternative nicotine products, and/or electronic cigarettes. I further agree not to violate any of the laws of the State of Illinois, the United States of America or any of the ordinances of the Village of Machesney Park in the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the Village of Machesney Park or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

Signature of Applicant

Title/Position

Date, Year

Amount Due: \$150

Remit payment to Village of Machesney Park

OFFICE USE ONLY

Requirements

- Fee—License
- _____
- _____

OFFICIAL USE ONLY	Issue of License	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
License# _____	Date Issued: _____, 20____	
By (Clerk): _____		
License Expires: _____, 20____		
Notes:		

