

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

CIGARETTE/TOBACCO LICENSE APPLICATION
NON-REFUNDABLE

Important: this application must be fully and accurately completed.

New **Renewal**

\$50 Cigarettes (OTC) **\$100 E-Cigarettes** **Lounge? Y/N** _____
 \$100 Tobacco Specialty Stores **\$250 Wholesale Distributor**

Name of Business _____ Application Date _____

D/B/A _____ Specific Type of Business _____

Business Address _____ Business Phone _____

Description of premises _____
Provide floor plan as separate attachment

Is the premises owned or leased? Owned Leased *If leased, provide a copy of the lease.*

Applicant/Owner's Name _____ Contact Phone # _____

Email _____ Social Security # _____ Date of birth _____

Home Address _____ City/State/Zip _____

Applicant must be a citizen of the United States, not convicted of a felony under federal or state law, not convicted of a misdemeanor opposed to decency or morality.

Additional Owner/Partner name _____ Contact Phone # _____

Email _____ Social Security # _____ Date of birth _____

Home Address _____ City/State/Zip _____
(add pages for additional partners as necessary)

On Premise Manager Information

Manager 1 Name _____ Contact Phone # _____

Email _____ Social Security # _____ Date of birth _____

Home Address _____ City/State/Zip _____

Manager 2 Name _____ Contact Phone # _____

Email _____ Social Security # _____ Date of birth _____

Home Address _____ City/State/Zip _____

(add pages for additional managers as necessary)

- Has the Applicant made a similar application for a license on any premises other than the premises described in the Application? **Yes** **No**
- Has the Applicant or any manager ever been convicted of a felony or otherwise disqualified to receive a license by reason of any matter or thing contained in the laws of Illinois or the ordinances of the City? **Yes** **No**
- Has any previous license issued to the Applicant by any State or other governmental unit or agency been suspended or revoked? If yes, state reason(s). **Yes** **No** _____
- Does the Applicant affirm that he/she will not violate any of the laws of the state of Illinois or the provisions of this Ordinance in the conduct of business at the location for which the license is proposed? **Yes** **No**

By signing this application, the applicant agrees to all the provisions of Chapter 5.16 of the City of St. Charles Municipal Code.

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____

(Seal)

Notary Public

Approval Date: _____ by: _____

Chief of Police

V2020

For Office Use – application checklist:

- | | |
|--|---|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> Floor plan |
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Lease, if property is leased |