

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 Tobacco Specialty Stores**

**Lounge? Y/N** \_\_\_\_\_  **\$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 |