



Tobacco Retailer's License Application

A copy of Illinois Retail Sales Tax papers must be submitted with this application.

All applications, licenses and permits are subject to approval.

Name of Applicant

Phone Number

Date

Address

Email Address

Business Name

Business Address

Business Phone Number

Items to be sold

Location of sale

Property Owner

Has the applicant been cited for violations of any statute/ordinances pertaining to the sale of tobacco products within the last 12 months?

Yes

No

I certify that the information provided is true, accurate, and complete. I understand that the completion of this application does not guarantee approval. *

For Office Use Only

Date of issue: _____

License: _____

Cost: _____

Effective Date: _____