

Rebecca Barbour
City Clerk



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APPLICATION FOR TOBACCO RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS
Pursuant to Chapter 112
CITY OF MT. VERNON, ILLINOIS

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

ITEMS TO BE SOLD: _____

LOCATION OF SALE: _____

OWNER OF PROPERTY: _____

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

A COPY OF ILLINOIS RETAIL SALES TAX PAPERS MUST BE ATTACHED

Date

APPLICANT'S SIGNATURE

DATE OF ISSUE: _____

LICENSE #: _____

COST: no fee if violation free

EFFECTIVE DATE: _____