



Village of Itasca – Tobacco Seller’s License Application

A completed Tobacco Seller’s License application form should only be submitted by businesses selling tobacco products. All other businesses are not required to submit this application form. The annual fee for a Tobacco’s Seller’s License is \$100.

Business Name: _____

Business Location Address: _____

Mailing Address (if different from proposed Business Location Address): _____

Business Phone: _____ Business Fax: _____

Email: _____ State of Illinois Tax ID #: _____

Corporation Name: _____

Corporation Headquarters Address: _____

Names and Titles of Corporate Officers: _____

Has the applicant ever before made a similar application in this or any other jurisdiction? Yes No

If yes, where and when? _____

Has the applicant had any business related (including alcohol or tobacco) licenses revoked or suspended? _____

If yes, the reason for such revocation or suspension and business activity subsequent to such action:

Will the business be operated by a manager or agent? If yes, list the following:

Date of Birth: _____ Place of Birth: _____

Name: _____

Address: _____

Provide a copy of manager or agent’s Driver’s License, or the submitter’s Driver’s License if there is no manager or agent, to demonstrate applicant is at least 18 years of age.



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Name of Tobacco Displays and/or Vending Machines: _____

Name and address of owner of premises for which license is sought: _____

Term of lease: From _____ To: _____

If the license holder places a vending machine in the premises of a building or business that is not requesting this license, state the owner or manager of the premises:

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Applicant Signature

Date

If Vending Machine License, Signature of Owner or
Manager of Premises

Date

Return Completed Form and Copies of Driver’s License(s) along with New Business License Application.

For office use only:

License #: _____ Date: _____ Cash/Check#: _____