



**NAPERVILLE  
CIGARETTE & TOBACCO LICENSE  
NEW ESTABLISHMENT APPLICATION**

RECEIVED:

\$200.00 ANNUAL FEE MAY 1ST TO APRIL 30TH

CORPORATE NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

BUSINESS PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
LAST FIRST M.I.

CONTACT PERSON'S POSITION: \_\_\_\_\_

CONTACT PERSON'S PHONE: \_\_\_\_\_

CONTACT PERSON'S EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS FOR RENEWALS/PERMITS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

1. Circle appropriate business status:

CORPORATION PARTNERSHIP INDIVIDUAL

2. On the following page, show names, birthdates, birthplaces home addresses, email, phone numbers, driver's license numbers and status of the following persons:

If an Individual or Partnership, then list all owners and the business manager.

If a Corporation, then list all officers, directors, all persons owning directly or beneficially 5% or more of the corporation stock.

3. Expected date to open/begin selling tobacco products: \_\_\_\_\_  
 (MUST ENCLOSE A COPY OF OCCUPANCY PERMIT)

4. Business Hours: \_\_\_\_\_

5. List all product offerings:  
 \_\_\_\_\_  
 \_\_\_\_\_

List of all Owners

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
If less than two years, list previous address  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone. No. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License or State ID No. \_\_\_\_\_  
State Issued By: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
% of Ownership \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
If less than two years, list previous address  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone. No. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License or State ID No. \_\_\_\_\_  
State Issued By: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
% of Ownership \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
If less than two years, list previous address  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone. No. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License or State ID No. \_\_\_\_\_  
State Issued By: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
% of Ownership \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
If less than two years, list previous address  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone. No. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License or State ID No. \_\_\_\_\_  
State Issued By: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
% of Ownership \_\_\_\_\_

4. Has applicant made application for a similar or other license on premises other than the one for which this license was sought? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Indicate previous cigarette/tobacco license issued by Federal or State Government, or any subdivision thereof:

Government Unit: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

6. Has any such license been revoked? If so, state reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS

COUNTY OF DuPAGE/WILL

The applicant(s) swears or affirms that he (we) (or the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his (our) knowledge and belief; further, we affirm that we are familiar with the laws of the United States, State of Illinois and the ordinances of the City of Naperville relating to the sale of cigarettes and applicant(s) agrees not to violate any of the laws of the United States, the State of Illinois, or any of the ordinances of the City of Naperville in the conduct of business described herein.

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURE

\_\_\_\_\_  
President

\_\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_

**Send payment & application to:**

CITY OF NAPERVILLE/ CITY CLERK

Attn: Lynn Zilinsky  
400 S. Eagle St  
Naperville, IL 60540  
Phone: 630.305.5226  
Fax: 630.305.4466