



NAPERVILLE

CIGARETTE LICENSE RENEWAL APPLICATION

(Incomplete applications may be rejected)

(Please Print Clearly)

CORPORATE NAME: _____

DBA: _____

BUSINESS ADDRESS: _____

CITY

STATE

ZIP CODE

BUSINESS PHONE: _____

CONTACT PERSON: _____

LAST

FIRST

M.I.

CONTACT PERSON'S PHONE: _____

CONTACT PERSON'S EMAIL ADDRESS: _____

MAILING ADDRESS FOR RENEWALS/PERMITS: _____

CITY

STATE

ZIP CODE

Circle appropriate business status:

CORPORATION PARTNERSHIP INDIVIDUAL

Any Changes to business concept including: floor plan, product offerings, business hours, changes in management, etc.?

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: _____
Drivers 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: _____
Drivers 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: _____
Drivers 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: _____
Drivers License or State ID No. _____
State Issued By: _____
Birth date: _____
% of Ownership _____



**NAPERVILLE
CIGARETTE LICENSE RENEWAL STATEMENT**

\$200.00 ANNUAL FEE DUE BY APRIL 15

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

President Signature

Print Name

Secretary Signature

Print Name

INDIVIDUAL OR PARTNERSHIP SIGNATURE

Signature

Print Name

Signature

Print Name

Mail or Bring payment, application & renewal statement to:

CITY OF NAPERVILLE/ CITY CLERK

Attn: Lynn Zilinsky

400 S. Eagle St

Naperville, IL 60540

Phone: 630.305.5226