



**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:

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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 Application to:**

City of Naperville/Community Services Department  
400 S. Eagle St  
Naperville, IL 60540  
Phone: 630-305-5300  
Fax: 630-305-4466

# Application for Illinois Cigarette and Tobacco Products Retailer's License now online

The Illinois Department of Revenue (IDOR) has begun accepting license applications for [Cigarette and Tobacco Products Retailer's Licenses](#). By law, the license applications must be submitted electronically, and the \$75 license fee must be paid electronically using the ACH debit payment method.



Most users can complete the application process in just a matter of minutes. You must submit your Cigarette or Tobacco Products Retailer's License application and the fee for your license using [MyTax Illinois](#). NOTE: If you are not a current [MyTax.Illinois.gov](#) user, click the "Sign up Now!" button to create your account (for full activation information, see the [Guide to Creating a MyTax Illinois Account](#) on the IDOR website). Below are the steps for completing the license application:

- Log into your [MyTax.Illinois.gov](#) account and click the link in the sidebar to "Register for New Tax Accounts" in the **I Want To** section on the left side of the screen.
- Scroll down the page to **Cigarette and Tobacco Licenses**, check the appropriate box for the license type (Cigarettes or Tobacco Products), and then check the "Retail" box for that license type. Note that the law allows a Cigarette Retailer's License holder to sell both cigarettes and other tobacco products at retail but does not allow a Tobacco Products Retailer's License holder to sell cigarettes at retail (a Tobacco Products Retailer's License holder can only sell other tobacco products at retail, not cigarettes). Finally, enter a date occurring on or after January 1, 2016, to indicate when you will begin making these retail sales and click "OK."
- Next, for **Cigarette/Tobacco Locations**, you must enter the address of each location where you will sell cigarettes or other tobacco products at retail. Click "Add a Cigarette/Tobacco Location" to enter a record of the address and license type for each location. When you have entered records for all locations, click "OK" (Note: Some users may now show an error under "Step 1, Owners & Officers Individuals" which must be corrected before you can complete the license application). In Step 1, complete all required fields, including "Ownership Percentage." Note that for C corporations, Subchapter S corporations, Partnerships, LLC's, and Trusts, you must provide all required information for the president, secretary, and treasurer. Any entity type must have complete owner/officer/member/trustee/partnership with ownership percentage to complete the application.
- Under **Make Payment**, complete all information to submit an ACH debit payment and then click "OK." You cannot change the amount of the payment. It will populate the fields for you based on the number of licenses you request on your application.
- For **Preparer**, enter all required information to identify the person submitting the license application and then click "OK."
- Finally, to submit your license application, click the "Submit" button at the top of the page. You must enter your MyTax Illinois password to complete the application process. You will be directed to a confirmation screen indicating you have completed the application. We recommend you either print this confirmation screen or note the confirmation number in your records.

Applications are generally approved in one to two business days; after which your license will be mailed to you. Once issued, licenses are viewable under the "Letters" tab in your [MyTax.Illinois.gov](#) account.