



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

RECEIVED:

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. Check 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: \_\_\_\_\_

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

5. List all product offerings:

\_\_\_\_\_

\_\_\_\_\_

List of all Owners

Name _____	Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
If less than two years, list previous address Address _____	If less than two years, list previous address Address _____
City, State, Zip _____	City, State, Zip _____
Phone. No. _____	Phone. No. _____
Email Address: _____	Email Address: _____
Driver's License or State ID No. _____	Driver's License or State ID No. _____
State Issued By: _____	State Issued By: _____
Birth date: _____	Birth date: _____
% of Ownership _____	% 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 Has any such license been revoked?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 yes, 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

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

INDIVIDUAL OR PARTNERSHIP SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

**City Requirements:**

- \_\_\_\_\_ Completed and Signed Application
- \_\_\_\_\_ Approved Business Occupancy Certificate from T.E.D. Department
- \_\_\_\_\_ Mayor's Office Approval
- \_\_\_\_\_ \$200 Annual Registration Fee

**City Tax Information:**

<https://www.naperville.il.us/government/city-finances/taxes-and-financial-forms/>

**State Requirements:**

<https://tax.illinois.gov/research/taxinformation/excise/tobacco.html>

**Submit Application to:**

Community Services Department  
400 S. Eagle St  
Naperville, IL 60540

Phone: (630) 305-5300  
Email: [NapervilleClerks@naperville.il.us](mailto:NapervilleClerks@naperville.il.us)