

TOBACCO DEALER LICENSE APPLICATION

2828 Sheridan Road, Zion, IL 60099 847-746-4012 - FAX 847-746-7167 www.cityofzion.com

FEE:

\$330.00 for each location of sales. All license fees are non-refundable.

The license must be displayed prominently in the general vicinity of the point of sale. Any person, corporate or private, who is determined to be in violation of section 62-203 through 62-207 of this division shall be subject to a fine of not less that \$250.00, but not greater than \$750.00. Each day that operations continue in violation, 62-205 will be considered a separate offense. The City Clerk may suspend any dealer license if the dealer or any employee is placed on supervision, conditional discharge, probation or conviction (Section 62-209). Tobacco Dealer Licenses are effective January through December of each year.

APPLICANT INFORMATION: (Please attach a copy of a current driver's license)

Business/O	rganization Name:							
Local Business Address:					Local Business Phone No.:			
Manager/Responsible Party:					Manager/Responsible Party Phone No.			
E-Mail Address:					State Sales Tax No.:			
Corporate Mailing Address:					City:			
State:	Zip Code: Corporate Contact Name:			Corpora		Corporate Contact F	te Contact Phone No.:	
	AILY HOURS OF TOBA		PRESSES: (PI	ease attac	h a con	ov of a current drive	r's license)	
Name:								
City:			tate:	Zip Code:		Contact N	No.:	
Name:								
City:			tate:	Zip Code:		Contact N	No.:	
				1		1		
Owner or Manager's Signature				Date				
Print Name o	of Owner or Manager			_				
			(For Office	Use Only)				
Date: Receipt No.:						LICENSE NO.	:	