



VILLAGE OF CARY

ADMINISTRATION DEPARTMENT

755 Georgetown Drive

Cary, IL 60013

Phone: 847.639.0003

Tobacco License Application

YOU CANNOT SELL TOBACCO WITHOUT A VALID TOBACCO LICENSE

The following documents are **REQUIRED** upon submitting your application:
PLEASE USE THIS AS A CHECKLIST WHEN ASSEMBLING YOUR APPLICATION

DOCUMENTS:	INCLUDED?
1. This completed application with the required information printed or typed in the spaces provided. This form MUST bear an <u>original signature</u>	Y / N
2. Cash, Business Check, Cashier's Check, or Money Order payable to the Village of Cary	Y / N

TOBACCO LICENSE FEE IS \$100.00 / YEAR

FAILURE TO INCLUDE ALL REQUIRED ITEMS MAY RESULT IN A DELAY IN RECEIVING YOUR LICENSE

Note: All Village Licenses Expire April 30th Following Issuance

OFFICIAL USE ONLY

THIS SECTION TO BE COMPLETED BY VILLAGE STAFF

Business Name: _____ Submittal Date: _____

Application Year: _____ License Type: **TOBACCO**

Fee: **\$100.00**

1. APPLICANT

NAME _____

PRIMARY ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ FAX # _____

EMAIL _____

Will this business be conducted by a Manager or Agent?

YES NO

If yes, Manager or Agent must give the following information:

NAME (LAST, FIRST, MI) _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PLACE OF BIRTH _____ U.S. CITIZEN? YES NO

IF NO & NATURALIZED CITIZEN:

WHEN & WHERE? _____

2. BUSINESS PREMISE INFORMATION

A. NAME / DOING BUSINESS AS (D/B/A)

Enter the name of the business at the licensed premises.

NOTE! THIS IS THE NAME THAT WILL BE PRINTED ON THE LICENSE

NAME / DOING BUSINESS AS (D/B/A) _____

B. TELEPHONE / E-MAIL

Enter in the area code/telephone number/extension at the business premise location.

TELEPHONE # (INCLUDE AREA CODE) _____ EXT. _____

EMAIL _____

C. ADDRESS

Enter the address, city, state and zip code of the business premises.

ADDRESS _____

CITY, STATE, ZIP _____

D. OWN/LEASED PREMISES

Does applicant own premises for which license is sought? YES NO

If NO, your lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state and zip code.

IMPORTANT: Attach a copy of the lease agreement for the full period for which the license is issued.

LANDLORD NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

3. NOTARIZED SIGNATURE / TITLE / DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner, or an officially authorized agent of the business. The signature must be an original. Rubber stamps not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the Village of Cary to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the Village of Cary, United States of America or The State of Illinois, in particular, the Illinois and Local Liquor Control Act, rules and regulations, and the civil rights sections thereof.

Further, I agree to notify this commission within 30 working days of changes in any of the above information. (Note: If the person signing this application is not listed In Section 3, they must provide the Village of Cary with their personal information as indicated in Section 3 even if they do not own 5% or more of the business.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	TITLE / POSITION	DATE
---	------------------	------

Subscribed and Sworn to Before Me

This _____ day of _____ A.D., 20 _____

Notary Public