



VILLAGE OF FOREST PARK
517 DESPLAINES AVENUE
FOREST PARK, IL 60130
PHONE: 708-366-2323
FAX: 708-488-0361

Office Use Only:
License # _____
Date: _____
Fee: \$300 _____

APPLICATION FOR TOBACCO LICENSE

DATE: _____

- 1) NAME OF BUSINESS (D/B/A): _____
- 2) ADDRESS OF BUSINESS: _____
- 3) BUSINESS PHONE NUMBER: _____
- 4) NAME OF OWNER/APPLICANT (*PRINT*): _____
- 5) HOME ADDRESS (*PRINT*): _____
- 6) HOME TELEPHONE: _____ 7) OTHER PHONE: _____

FOR CORPORATIONS OR PARTNERSHIPS:
SEE REVERSE FOR ADDITIONAL REQUIRED INFORMATION

RETAIL SALES OF TOBACCO WILL BE OVER THE COUNTER ONLY AT MY BUSINESS

I understand that the issuance of this license is conditional upon compliance with the Village Tobacco Ordinance, No. 5-4-3, 4, 5 and the Mayor may suspend or revoke any license under the provisions of this Ordinance if it is determined that the licensee has violated any of the provisions noted.

Print Name: * _____ Signature: * _____

<u>For office use</u>	
Approved: _____ (Mayor)	Date: _____



VILLAGE OF FOREST PARK
517 DESPLAINES AVENUE
FOREST PARK, IL 60130
PHONE: 708-366-2323
FAX: 708-488-0361

SELECT ONE:

CORPORATION:

PARTNERSHIP:

List name/address of principal place of business (*if different #1 on the front*):

Business name: _____

Business address: _____

List name(s) of all corporate officers or partners:

List name(s), address(s), and phone number(s) of those persons authorized to receive notices on behalf of the Corporation or partnership:

Name (print): _____

Address: _____

Phone number: _____

Name (print): _____

Address: _____

Phone number: _____