



VILLAGE OF LAKE IN THE HILLS
TOBACCO LICENSE APPLICATION

1. Name of Applicant: _____
Address: _____
Social Security Number: _____
Date of Birth: _____
Area Code and Telephone Number: _____
Character of Business/Number of Years in Business: _____

2. If applicant is a partnership, give name, address, birth date and social security number of all partners (including silent partners if any) and state the type of partnership, the character of the business and the date the partnership was formed.
 - A. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____
 - B. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____
 - C. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____
 - D. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

Type of partnership/Character of Business/Date partnership was formed:

3. If applicant is a Club or Corporation, give name, address, birth date and social security number of all partners (including silent partners if any) and list principal business activity of each. If the majority interest of the stock is owned by one person, please list the date the Articles of Incorporation were issued and objects for which the club or corporation was formed.

A. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

B. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

C. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

D. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

The date the Articles of Incorporation were issued and objects for which the club or corporation was formed.

4. If applicant is Limited Liability Corporation (LLC), give name, address, birth date and social security number of all member, managing member and manager and list the date the Articles of Organization were issued and the purpose or purposes for which the LLC was organized.

A. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

B. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

C. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____

D. Name: _____
Address: _____
Date of Birth: _____
Social Security No. _____
Signature: _____
Date the Articles of Organization was issued/purpose or purposes for
which the LLC was organized _____

5. Each applicant must submit a copy of a fully-executed lease of premises whenever the applicant is not the property owner of the premises for which he or she is seeking a license and such lease must have coverage period equal to, or longer than, the duration of the applicant's Tobacco license. Said lease must name the applicant as lessee.

6. The applicant(s)' place of birth, and if a naturalized citizen, the date and place of his or her naturalization.

Place of Birth: _____
Date and place of naturalization _____

7. The location and legal description of the premises or place of business which is to be operated under such license.

8. Has the applicant made application for a similar or other license on the premises other than described in this application? _____ Yes _____ No

If yes, please state the disposition of such application.

9. Has the applicant never been convicted of a felony and is disqualified to receive a license by reason of any matter or thing contained in Section 37.03, laws of this State or the ordinances, rules or resolutions of the Village? _____ Yes _____ No

If yes, please explain:

10. Has the applicant ever had a previous license by any state or subdivision thereof, or by the federal government revoked? _____ Yes _____ No

If yes, please explain:

11. Will the applicant violate any of the laws of the state, or of the United States, or any ordinance, rule or resolution of the Village in the conduct of his or her place of business? _____ Yes _____ No

If yes, please explain:

Dated this _____ day of _____, 20__

Signature of Applicant

Subscribed and sworn to, before me

This _____ day of _____, 20

Notary Public (seal)