



VILLAGE OF SPRING GROVE

7401 Meyer Road, Spring Grove, IL 60081 Phone: 815-675-2121 Fax: 815-675-6053

APPLICATION FOR TOBACCO SALES

All license will expire on December 31st following their issuance. Annual license fee is \$100.

Section 1: Business Information

Date: _____

Name of Business: _____

Doing Business As: _____

Business Address: _____

Mailing Address (if different from above): _____

Business Phone: _____

Hours of Operation: _____

Section 2: Owner Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Section 3: Eligibility Question - *This question applies to the applicant and any other person listed under Ownership Information.*

Has the applicant ever been convicted of a felony or disqualified to receive a license for any reason by the laws of the State or ordinances of the Village? Yes No

If "Yes", state offense and give date: _____

Section 4: Location of Premise

Is the location of premise within 500 feet of a public or parochial school? Yes No

If "Yes", indicate how long the place of business has been in operation: _____

Section 5: Type of Tobacco Products - *Please circle the tobacco products sold.*

Cigarettes Cigars Chewing Tobacco Dipping Tobacco Snuff

FOR OFFICE USE ONLY

Date of Application _____ Application Fee Received \$ _____