



VILLAGE OF OAK BROOK
Oak Brook, Illinois 60523-2255
Laura Millsaps, Secretary Support Services
(630) 368-8720 lmillsaps@oak-brook.org

FOR OFFICE USE ONLY
Date Rcvd. _____
Fee _____
License # _____

TOBACCO PRODUCT LICENSE APPLICATION

FEE: \$100.00

Application is hereby made to the Village Clerk of the Village of Oak Brook for issuance of a Tobacco Product License, pursuant to the ordinances of the Village and laws of the State of Illinois. In support of said application, the undersigned being duly sworn, does state as follows:

APPLICANT NAME _____ Phone # _____

Street Address _____ Fax # _____

City, State _____ Zip _____ E-Mail _____

NAME OF OWNER , MANAGER
OR LESSEE OF BUSINESS _____

NAME OF LOCAL MANAGER IF
DIFFERENT FROM UNDERSIGNED _____ Phone # _____

LIST SPECIFIC LOCATION/ADDRESS OF EACH PREMISE FROM WHICH TOBACCO PRODUCTS WILL BE DISPENSED
OR OFFERED FOR SALE:

- _____ VENDING MACHINE OR OVER THE COUNTER
- _____ VENDING MACHINE OR OVER THE COUNTER
- _____ VENDING MACHINE OR OVER THE COUNTER
- _____ VENDING MACHINE OR OVER THE COUNTER

Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments, and the license involved. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

The undersigned, does further state as follows:

- A. That the undersigned is empowered to prepare and sign this application on behalf of the applicant.
- B. That the undersigned has reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate.
- C. That the undersigned, on behalf of the Applicant, acknowledges and agrees that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.

APPLICANT: _____

SIGNED BY _____ TITLE _____

DATED _____