

Village of Spring Grove  
7401 Meyer Road  
Spring Grove Illinois 60081  
815-675-2121



Application for Tobacco Sales

All licenses will expire December 31<sup>st</sup>  
following their issuance

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Ownership Information.** If a firm, corporation, limited liability company, club or partnership, list the names of all principal officers, managers, and members thereof, and their addresses. If additional space is needed, please use a separate sheet.

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Hours of Operation.** List the daily hours open for business. This information will assist the Police Department in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

Eligibility Question. This question applies to the applicant and any other person listed under Ownership Information.

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

If "Yes", state offense and give date. \_\_\_\_\_

Location of Premise. Indicate by checking the correct box whether or not the location of premises is within 500 feet of a public or parochial school, elementary school or high school  Yes  No

If Yes is checked, indicate how long the place of business has been in operation: \_\_\_\_\_

### **Type of Tobacco Products**

Cigarettes  Cigars  Chewing Tobacco  Dipping Tobacco  Snuff

**Tobacco Products.** Any substance containing tobacco leaf, including, but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco or dipping tobacco.

### **FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_ Application Fee Received \$ \_\_\_\_\_