



At the Heart of Community

Village of Lake Zurich Tobacco License Application/Renewal

For Office Use Only

Fee _____
Date Paid _____
Cert Ins Attached _____

Contact Michael Duebner at (847) 540-1690 immediately if any information changes during license year.

BUSINESS INFORMATION

dba Business Name _____

Local Street Address _____

Business Phone _____

Nature of Business _____

FEIN _____

BUSINESS MANAGER INFORMATION

Manager Name _____

Manager Home Address _____

Manager Phone (cell) _____

Manager Email _____

Name Additional Manager cell phone / Email address _____

CORPORATION INFORMATION

Name of Corporation _____

Corporate Address _____

Corporate Phone _____

Corporation S-Corp LLC
(CIRCLE business type)

Corporate Contact Name _____

Corporate Contact Email _____

OWNER INFORMATION

Owner Name _____

Owner Address _____

Owner Phone (cell) _____

Owner Email _____

Name Additional Manager / Owner / Officer / Director _____

Name Additional Manager / Owner / Officer / Director _____

The annual fee for the Tobacco Retailer License is \$200. The license period is from January 1st through December 31st each year.

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Illinois Code of Civil Procedure and perjury pursuant to Section 32-2 of the Illinois Criminal Code of 1961, and the revocation of the license applied for herein, the undersigned certifies that the statements and representations set forth in this application are true and correct.

Subscribed and sworn before me
this _____ day of _____, 20 _____

Notary Public

(seal)

Signature

Date

Attached: **Check Payable to Village of Lake Zurich**