



VILLAGE OF LAKE IN THE HILLS
RENEWAL TOBACCO LICENSE APPLICATION

Business Name: _____

Business Address: _____ Business Phone No.: _____

Main Contact/Licensing Email: _____

1. 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.

2. 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:

3. 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:

4. 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:

SECTION 1: INDIVIDUAL/PARTNERSHIP

Provide 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: _____

Social Security No.: _____ Date of Birth: _____

Signature: _____

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

SECTION 2: CLUB OR CORPORATION

Provide name, address, birth date and social security number of the officers and directors. If the majority interest of the stock of such corporation is owned by one person, or his or her nominee, the name, address, birthday and social security number of such person shall be listed. Please provide the date the Articles of Incorporation were issued and objects for which the club or corporation was formed.

- A. President Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____
- B. Secretary Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____
- C. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
- D. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____

SECTION 3: LIMITED LIABILITY CORPORATION (LLC)

Provide name, address, birthdate, and social security number of the members, managing member(s) and manager(s). Please provide the date the Articles of Organization were issued and the purpose or purposes for which the LLC was organized.

- A. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____
- B. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____
- C. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____
- D. Name: _____
Address: _____
Social Security No.: _____ Date of Birth: _____
Signature: _____

Dated this ____ day of _____, 20__

Signature of Applicant

Subscribed and sworn to, before me

This ____ day of _____, 20__

Notary Public Signature

Notary Public (Seal)