



VILLAGE OF LAKE IN THE HILLS
TOBACCO LICENSE APPLICATION

Business Name: _____

Business Address: _____

Business Phone Number: _____

Number of Years in Business: _____ Character of Business: _____

1. Each applicant must submit a copy of a fully-executed lease of premises whenever the applicant is not the property owner of the premises for which he or she is seeking a license and such lease must have coverage period equal to, or longer than, the duration of the applicant's Tobacco license. Said lease must name the applicant as lessee.

2. The applicant(s)' place of birth, and if a naturalized citizen, the date and place of his or her naturalization.

Place of Birth: _____

Date and place of naturalization _____

3. The location and legal description of the premises or place of business which is to be operated under such license.

4. 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.

5. 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:

6. 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:

7. 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: _____

Character of Business: _____

Date Partnership was formed: _____

Type of Partnership: _____

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: _____

Date the Articles of Incorporation were issued: _____

Objects for which the Club/Corporation was formed: _____

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: _____

Date the Articles of Organization was issued: _____

Purpose/purposes for which the LLC was organized: _____

Dated this _____ day of _____, 20____
Signature of Applicant

Subscribed and sworn to, before me

This _____ day of _____, 20____

Notary Public Signature Notary Public (Seal)