VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

RETURN COMPLETED APPLICATION TO:
Lincolnshire Police Department
1 Olde Half Day Rd.
Lincolnshire, IL 60069

TOBACCO LICENSE APPLICATION

NEW ☐ RENEWAL ☐

BUSINESS INFORMATION

Name of Business:

Address:

Telephone:	Email Address:

Business Type:
☐ Gas Station ☐ Retail Store ☐ Other_____

Filing Type:
☐ Sole Proprietor ☐ Partnership ☐ Corporation/LLC

State Filing: (List State of filing for LLC, Corporation, Partnership, and Sole Proprietor)

Products Sold: (Check tobacco and alternative nicotine products to be sold with approved Tobacco License)

☐ Cigarettes/Cigars
☐ Tobacco Accessories
☐ E-Cigarette – Vaping Devices
☐ Chewing Tobacco
☐ Liquid Nicotine
☐ E-Cigarette – Vaping Accessories

BUSINESS LOCATION HISTORY

Date: (Date on which the business opened or will open at the above business location)

Owned/Leased: (Is the property at which the applicant business is located owned or leased by the applicant?) ☐ Owned ☐ Leased

BUSINESS AGENT

An agent is the authorized representative of the Licensee who has supervisory authority over all employees of the license premises. An agent may be an owner, partner, member, or designated member.

Full Name:	Email:	Date of Birth:

Residence Address:	Telephone:

Driver's License#:	State of Issuance:	Percentage of Ownership:

STATE LICENSING INFORMATION	
Illinois Tobacco License Number:	Date: (Date License was Issued)
Expiration Date: (Date of Expiration if Applicable)	
***Applicant must attach a copy of State License to application.**	

BACKGROUND QUESTIONNAIRE		
The following questions are in relation to the Village of Lincolnshire Tobacco Ordinance and Illinois law as it pertains to tobacco licensing and sales. All questions must be answered honestly. Failure to do so may disqualify you from the application process.		
1. Are you familiar with all the laws of the United States, State of Illinois and ordinances of the Village of Lincolnshire pertaining to the sale of tobacco; and will you abide by them?	☐ Yes	☐ No
2. Will you maintain the entire premises in a safe, clean, and sanitary manner free from conditions which might cause accidents?	☐ Yes	☐ No
3. Does the applicant understand that they may not sell, give, or otherwise provide cigarettes/tobacco products and nicotine products to persons under 21 years of age (including electronic cigarettes containing nicotine)?	☐ Yes	☐ No
4. Have any of the applicants, including all listed agents and partners who have a minimum of 5% ownership in the business, been convicted of any violation of any law pertaining to tobacco violations?	☐ Yes	☐ No
5. Have any of the applicants, including all listed agents and partners who have a minimum of 5% ownership in the business, been convicted of a felony?	☐ Yes	☐ No
If you answered yes to question 4 or question 5, please explain.		

INDIVIDUALS / PARTNERS / OFFICERS / DIRECTORS / STOCKHOLDERS WITH MORE THAN 5% OWNERSHIP		
Full Name:	Email:	Date of Birth:
Residence Address:	Telephone:	
Driver's License#:	State of Issuance:	Percentage of Ownership:
Full Name:	Email:	Date of Birth:
Residence Address:	Telephone:	
Driver's License#:	State of Issuance:	Percentage of Ownership:

***IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER**

OWNER		
Full Name:	Email:	Date of Birth:
Residence Address:	Telephone:	
Driver's License#:	State of Issuance:	Percentage of Ownership:
RENEWAL APPLICATION ADDRESS/BILLING PARTY		
Full Name:		
Address:		
Telephone:	Email:	
REQUIRED ATTACHMENTS		
The following attachments are required: • Business Filing Paperwork with the State (Club, Sole Proprietor, Partnership, LLC, Corporation) • State Tobacco License • Building Lease Agreement (if applicable)		

AFFIDAVIT

I (we) swear that I (we) will not violate any of the ordinances of the Village of Lincolnshire or laws of the State of Illinois or laws of the United States of America in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of my knowledge and belief.

I, the undersigned, hereby certify that the information provided in this application is accurate and complete. I agree to comply with all applicable state and local liquor laws and understand that violation of any provision may result in the revocation of this permit.

_____ _____

Tobacco Manager (Print) Tobacco Manager (Signature)

Subscribed and sworn to before me this

_____ day of _____ AD _____

Notary Public: _____

FOR OFFICE USE ONLY

Date Application Received:	
Date Application Review Fee Paid:	Date Initial/Renewal Fee Paid: