



# Elburn Police Department

301 E. North St., Elburn, IL 60119  
elburnpd@elburn.il.us

630-365-5070 Office  
630-365-5073 Fax

## APPLICATION FOR TOBACCO LICENSE

Class of License	For License Year Ending	Date:
License #	Fee:	<input type="checkbox"/> New <input type="checkbox"/> Renewal

The undersigned hereby makes application for a permit for the sale of, at retail, tobacco, tobacco products or alternative nicotine products under the provisions of Chapter 805, of the Municipal Code for the Village of Elburn, Kane County, and State of Illinois:

Name of Business
Address:

1. Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

### 2. If Business is a partnership, submit the following information on each partner

(a) Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

(b) Name of Applicant	Date of Birth	Place of Birth
Social Security Number	Email Address(es)	
Address:		Year at address
DL#	Home Phone	Cell Phone
Citizenship	Date and Place of Naturalization	

EPD Form #19b (Revised January 2019)

(c) Name of Applicant		Date of Birth	Place of Birth
Social Security Number	Email Address(es)		
Address:			Year at address
DL#	Home Phone	Cell Phone	
Citizenship	Date and Place of Naturalization		

Date business or Partnership was formed	Name of Business or Partnership, if assumed
State the Character of Business of the Applicant	Are all partners qualified to obtain a license? <input type="checkbox"/> Yes <input type="checkbox"/> No

**3. If applicant is a corporation, or not-for-profit association, submit the following information**

Registered Corporate Name of Applicant	Date of Incorporation
Character of Business of Applicant	Corporate Office Address
Business Phone	Present a copy of your Articles of Incorporation or charter and a copy of you Bylaws Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

List the names, addresses, etc., of each officer and director of a corporation or not-for-profit association and any shareholder owning five (5) percent or more of the stock in the above-named Corporation:

(a) Name	Date of Birth	Place of Birth	
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

(b) Name	Date of Birth	Place of Birth	
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

(c) Name	Date of Birth	Place of Birth	
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	Percentage (%) of stock owned in corporation
Citizenship	Date and Place of Naturalization		

Are any Officers and Directors and any Shareholders of five (5) percent or more of the stock ineligible to receive a license under the provisions of the Elburn Liquor Control Ordinance for any reason other than citizenship and residence within the Village?  Yes  No

Incorporated in the State of \_\_\_\_\_. If not in Illinois, state whether the corporation is qualified to do business under the Illinois Business Corporation Act.  Yes  No

Date when Certificate of Incorporation of charter was issued:

**4. State the complete legal description of the premises which are to be operated under such license.**

**5. Name and address of owner of property**

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**6. If Premises are leased you must submit a photocopy of the signed lease agreement.**

**7. Is the lease on the above property for the full period for which the license is to be issued?**  
 Yes  No

**8. Has the Applicant made a similar application for a permit or any premises other than the premises described in the Application?**  Yes  No If yes, list location(s).

**9. Has any previous permit issued to Applicant by any State or other Governmental unit or agency been suspended or revoked?**  Yes  No If yes, list details.

**10. You are required to maintain the entire premises in a clean and sanitary manner free from conditions which may cause accidents.**

\_\_\_\_\_ Agree (initial)

**11. You are required to not violate any of the laws of the State of Illinois or the provisions of this Ordinance in the conduct of business at the location for which the permit is proposed.**

\_\_\_\_\_ Agree (initial)

**12. You are required to attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Elburn Police Department if any such events take place.**

\_\_\_\_\_ Agree (initial)

**13. Have you, or in the case of a corporation or not-for-profit association, its officers and directors and the local manager, or (in the case of a partnership) any of the partners, ever been convicted of a felony, pandering or other crime or misdemeanor opposed to decency and morality?**

Yes     No

**14. Are you, or in the case of a corporation or not-for-profit association, its officers and directors and the local manager, or (in the case of a partnership) any partners, disqualified to receive a license by reasons of any matter or thing contained in this ordinance, or other ordinance of the Village of the laws of this State?**

Yes     No

**15. List your occupation or employment with addresses thereof for the past ten (10) years. (If partnership, corporation or not-for-profit association, list same information for each partner and the local manager:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**16. You and your employees are required to refuse to sell tobacco products to a minor**

\_\_\_\_\_ Agree (initial)

**17. Have you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and local manager, ever had a tobacco permit revoked or suspended?**     Yes     No    If yes, please explain:

**18. Have you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and the local manager made previous application for a tobacco permit to the Village of Elburn?**     Yes     No    If yes, please explain:

**19. Do you or (if a partnership) any of the partners or (if a corporation or not-for-profit association) its officers and directors and the local manager hold any public position if the Village of Elburn?**  Yes  No If yes, please explain:

**20. Will a manager or agent operate this business?**  Yes  No

If yes, the manager or agent must provide the following information:

(a) Name		Date of Birth	Place of Birth
Title	Email Address(es)		
Residence Address:		Social Security Number	
DL#	Home Phone	Cell Phone	
Citizenship	Date and Place of Naturalization		

**21. If this business is conducted by a manager or agent, does the manager or agent possess the same qualifications that are required of the licensee?**  Yes  No

**22. Are the business premises within one hundred (100) feet of any school, childcare facility, or other building used for education or recreational programs for persons under the age of eighteen (18) years?**  Yes  No If yes, please explain:

**23. It shall be unlawful for any permittee or any person in the business of selling or otherwise distributing, promoting, or advertising tobacco, tobacco products or alternative nicotine products, or any employee or agent of any such permittee or person, in the course of such permittee's or person's business to distribute, give away or deliver tobacco, tobacco products or alternative nicotine products free of charge to any person on any right of way, park, playground or other property owned by the Village, or any other public body, school district or unit of local government.**

\_\_\_\_\_ Agree (initial)

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**Applicants Signature**

**Date**

STATE OF ILLINOIS )  
 ) SS  
 COUNTY OF KANE )

\_\_\_\_\_, being first duly sworn and  
 deposed and says that he has read the above and foregoing application, caused  
 the answers to be provided thereto, and all of the information given by him on  
 said application is true and correct.

Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_

\_\_\_\_\_  
 Notary Public (seal)

NOTE: In the event applicant is a partnership, the application should be signed  
 and sworn to in the same manner by all partners. In the event the applicant is a  
 corporation or a not-for-profit association, the application should be signed and  
 sworn to by the local manager as well as the President and Secretary of the  
 corporation or not-for-profit association.

Chief of Police Approved?  Yes  No

Village Clerk Approved?  Yes  No

Written Comments:  
 \_\_\_\_\_  
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 \_\_\_\_\_

PRESENTED to the President and Board of Trustees of the Village of Elburn

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

APPROVED by the Board of Trustees of Elburn of the Village of Elburn,

County of Kane, State of Illinois, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

VOTE: Ayes \_\_\_\_\_

Nays \_\_\_\_\_

Reason for disapproval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTEST:

Approved:

\_\_\_\_\_  
Village Clerk

\_\_\_\_\_  
Tobacco Commissioner  
President, Village of Elburn,  
County of Kane, State of Illinois