



# Tobacco License Renewal Application

**Include copy of State Issued Tobacco License**

**Business Information:**

- 1. Corporation Name: \_\_\_\_\_ 2. Phone: \_\_\_\_\_
- 3. Business name (DBA): \_\_\_\_\_
- 4. Business Address (*physical location*): \_\_\_\_\_, Suite # \_\_\_\_\_, Gurnee, IL
- 5. Business Owner Name: \_\_\_\_\_
- 6. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 7. Phone: \_\_\_\_\_ 8. Email Address: \_\_\_\_\_

**Tobacco Manager Information:**

- 9. Tobacco Manager Name: \_\_\_\_\_
- 10. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 11. Phone: \_\_\_\_\_ 12. Email Address: \_\_\_\_\_

**A copy of a valid Photo ID is required.**

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

\_\_\_\_\_  
**Tobacco Manager (Print)**

\_\_\_\_\_  
**Tobacco Manager (Signature)**

*SEAL*

**Subscribed and sworn to before me this**

\_\_\_\_ day of \_\_\_\_\_ AD \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**Submit Completed Application to:**

**Village of Gurnee • 325 N. O’Plaine Road • Gurnee, IL 60031 • Phone: 847-599-7500 • Fax: 847-623-0490**