



“Home of North Point Marina”
The Village of Winthrop Harbor
830 Sheridan Road
Winthrop Harbor, IL 60096
847-872-3846 847 872-0639 (fax)
www.winthropharbor.com

116.40 TOBACCO LICENSE APPLICATION FEE - \$10.00
First Time Applicant Fee - \$25.00
 New Application Renewal Class A (retail) Class B (wholesale)

Date: _____

Applicant's Name: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Business Phone Number: _____

Website: _____

Email Address: _____

Would you like your business listed in the Village of Winthrop Harbor's Business Directory? Yes No

I (We) Understand that the license hereby applied for shall become null and void if there is any change in ownership or corporate structure. I (We) further understand this license is non-transferable between owner(s) or locations.

I (We) certify that all the information given is true and correct to the best of my (our) knowledge.

Applicant's Signature(s):

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

4. _____ Date: _____

Notary Certification (Mandatory)

The foregoing signature(s) were executed before me this _____

Day of _____, 200__

Notary Public

*Owner of Premises: _____

*Are you the sole owner of the business for which this license is applied?

- YES (If yes, please fill out only #1 below)
- NO*If no, list all partners, or if a corporation, list all officers of the corporation and the percentage of ownership of each:

1. _____ Percentage _____ %

Address: _____

Ph#: _____ How long at this address? _____

SS#: _____ DOB: _____ DL#: _____

Place of birth: _____ US Citizen? YES/NO if No, date naturalized: _____

*How long at this address? _____

*Naturalized Citizen: _____ YES _____ NO

*If yes, place and date of naturalization: _____

*Have you ever been convicted of a felony or immoral conduct? _____ YES _____ NO

If yes, explain where: _____

2. _____ Percentage _____ %

Address: _____

Ph#: _____ How long at this address? _____

SS#: _____ DOB: _____ DL#: _____

Place of birth: _____ US Citizen? YES/NO if No, date naturalized: _____

*How long at this address? _____

*Naturalized Citizen: _____ YES _____ NO

*If yes, place and date of naturalization: _____

*Have you ever been convicted of a felony or immoral conduct? _____ YES _____ NO

If yes, explain where: _____

*Required information Liquor/Tobacco License Application

3. _____ Percentage _____ %

Address: _____

Ph#: _____ How long at this address? _____

SS#: _____ DOB: _____ DL#: _____

Place of birth: _____ US Citizen? YES/NO if No, date naturalized: _____

*How long at this address? _____

*Naturalized Citizen: _____ YES _____ NO

*If yes, place of naturalization: _____

*Have you ever been convicted of a felony or immoral conduct? _____ YES _____ NO

If yes, explain where: _____

4. _____ Percentage _____ %

Address: _____

Ph#: _____ How long at this address? _____

SS#: _____ DOB: _____ DL#: _____

Place of birth: _____ US Citizen? YES/NO if No, date naturalized: _____

*How long at this address? _____

*Naturalized Citizen: _____ YES _____ NO

*If yes, place of naturalization: _____

*Have you ever been convicted of a felony or immoral conduct? _____ YES _____ NO

If yes, explain where: _____

*Required information for Liquor/Tobacco License Application

Character of Business: _____

Length of time applicant has been in business of that character, or in case of corporation, date of charter:

The amount of goods, wares and merchandise on hand:

New
applic-
-ants
only

Have you ever applied for a tobacco license before? Yes _____ No _____

If yes, where: _____

Has previous license ever been revoked? Yes _____ No _____

In the case of an individual or co-partnership, please list employment history for the past ten years:

1. Employer: _____

Address: _____

Phone #: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates employed from-to: _____

Work performed: _____

2. Employer: _____

Address: _____

Phone #: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates employed from-to: _____

Work performed: _____

STATE OF ILLINOIS)
)
COUNTY OF LAKE) SS:

**PERSONAL NON-SURETY BOND
FOR TOBACCO SALES LICENSE**

KNOWN BY ALL THOSE PRESENT:

FIRST: That the undersigned is a signatory to an application for a license to sell tobacco in the Village of Winthrop Harbor, and submits this bond in support of that application;

SECOND: That the undersigned has received a copy of the Village's Tobacco Ordinance and understands the requirements of the same;

THIRD: That the undersigned does hereby personally agree and undertake to ensure that the business enterprise which may receive the license applied for herewith will at all times comply in all respects with the requirements of the said Tobacco Ordinance;

FOURTH: That this Bond is submitted to the Village of Winthrop Harbor by the undersigned as and for evidence of the undersigned persons' agreement to ensure the applicant's faithful performance of all obligations imposed by the said Tobacco Ordinance, and to stand as security for the payment of all fines and penalties that may be imposed under the said Ordinance during the term of the license applied for herewith;

FIFTH: That aside from the personal guaranty of the undersigned reflected by the signature on this instrument, no surety or other surety is pledged by the undersigned herewith;

SIXTH: That the extent of the obligation of the undersigned on this bond is limited to the penal sum of FIVE HUNDRED (\$500.00) DOLLARS.

IN WITNESS WHEREOF, the undersigned has set his or her hand and seal on the date below:

_____ Date: _____

FORM AND SUBSTANCE OF BOND IS ACCEPTED AND APPROVED:

APPROVED:

ATTEST:

MAYOR

VILLAGE CLERK

For Village Use only:

Tobacco License

Approved: _____ Denied _____ Date: _____

By: _____

This premises was inspected on: _____

Based on my inspection, I recommend: Approval: _____ Denial: _____

By: _____ WH Building Department

This Application approved this _____ Day of _____ 20__

Mayor of the Village of Winthrop Harbor