



**Cigarette, E-Cigarette, Cigar & Tobacco Over the Counter Sales License Application**

January 1 to December 31

**\$500.00 Annual Fee**

**Date:** \_\_\_\_\_

**Business Name Where Tobacco is Sold:** \_\_\_\_\_

**Address of Venue:** \_\_\_\_\_ **Highland Park, IL 60035**

**Name of Owner:** \_\_\_\_\_

**Owner Address (Street, City, State, Zip):** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**The undersigned acknowledges and agrees that they are familiar with, have read and reviewed, and understand, all laws and regulations applicable to this application and the requested license, including, without limitation, Chapter 125 of the City Code. The undersigned further agrees that the applicant complies with any and all eligibility requirements for the requested license, and that the applicant will comply with all applicable laws and regulations with respect to the requested license.**

**Print Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*❖ For each license and any fraction thereof*

**Office Use Only:**

Activity #: \_\_\_\_\_ License #: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_