



- ☐ **Renewal**
☐ **New**

Annual Fee: \$350.00
(make checks payable to "City of DeKalb")

TOBACCO LICENSE APPLICATION

License Term: July 1 – June 30
[Municipal Code, Chapter 64](#)

Return application (completed in its entirety) the required fee, and the Emergency Contact sheet to:

City of DeKalb
Attn: Finance Department
164 E. Lincoln Highway
DeKalb, IL 60115

Questions? Call (815) 748-2000

BUSINESS INFORMATION (TYPE OR PRINT CLEARLY)

Corporation Name	
Business Name (Doing Business As)	
Business Address	
Business Phone Number	

LICENSE WILL NOT BE ISSUED IF OUTSTANDING DEBTS ARE OWED

Do you have any outstanding debt owed to the City of DeKalb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any liens by the City of DeKalb against the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IDENTIFICATION (TYPE OR PRINT CLEARLY)

Business Owner:	Name:	
	Address:	
	City, State, Zip Code:	
	Email Address:	
Business Manager:	Name:	
	Address:	
	City, State, Zip Code:	
	Email Address:	

Note: Valid email addresses for the Business Owner and the Business manager are required for all future correspondence is required.

Send correspondence, including renewal applications, to:

- ☐ Business Owner
☐ Business Manager

ORIGINAL LICENSE WILL BE MAILED TO THE BUSINESS ADDRESS IT'S TO BE POSTED IN.

If a copy of the license is needed, please provide a valid email address below: (choose one)

- ☐ Business Owner Email Address: _____
☐ Business Manager Email Address: _____
☐ Other Email Address: _____

REQUIRED DOCUMENTS: Provide a copy of the business' State of Illinois Tobacco Products Retailer license and/or Cigarette and Tobacco Products Retailer license.

NOTE: Applications submitted without the required information, fee, and/or Emergency Contact Sheet will be returned, causing a delay in the receipt of the Tobacco License and a \$250.00 supplemental processing fee.

In accordance with the provisions of the City of DeKalb Municipal Code Chapter 64 "Smoking Regulations", I/we, the undersigned, shall not do any of the following:

- Give or sell or otherwise distribute cigarettes or other tobacco products to any minor (a person under the age of eighteen (18) years of age).
- Give, sell, or distribute cigarettes or other tobacco products in any place that does not have posted in a conspicuous place a sign stating the giving, selling, or otherwise distributing of cigarettes or other tobacco products to a person under eighteen (18) years of age is prohibited by law.

Signature: X _____ **Date:** _____

Print Name: _____

TURN OVER TO COMPLETE EMERGENCY CONTACT INFORMATION

**DEKALB POLICE & FIRE DEPARTMENTS
EMERGENCY CONTACT INFORMATION – BUSINESS**

<p>BUSINESS INFORMATION</p> <p>Business Name: _____</p> <p>Property Address: _____</p> <p>Telephone No.: () _____</p> <p>Date: _____</p>	<p align="center">FIRE DEPARTMENT INFORMATION To be completed by Fire Prevention Officer</p>																								
<p>AFTER HOURS EMERGENCY CONTACT INFORMATION Emergency contact personnel will be called in the order listed, beginning at number one and continuing down the list.</p>	<p>STANDPIPE LOCATION</p>																								
<p>CONTACT 1. – MANAGER</p> <p>Name: _____</p> <p>Home Phone: () _____</p> <p>Cell Phone / Pager: () _____</p>	<p>KNOX BOX LOCATION</p>																								
<p>CONTACT 2. – OWNER</p> <p>Name: _____</p> <p>Home Phone: () _____</p> <p>Cell Phone / Pager: () _____</p>	<p>OTHER FIRE DEPARTMENT INFORMATION</p>																								
<p>CONTACT 3. – OWNER</p> <p>Name: _____</p> <p>Home Phone: () _____</p> <p>Cell Phone / Pager: () _____</p>	<p>ADDITIONAL INFORMATION</p> <p>Alarm Company Name: _____</p> <p>Alarm Company Phone Number: _____</p>																								
<p>CONTACT 4. – _____</p> <p>Name: _____</p> <p>Home Phone: () _____</p> <p>Cell Phone / Pager: () _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">BUSINESS OPERATING HOURS</th> </tr> <tr> <td align="center">MONDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">TUESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">WEDNESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">THURSDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">FRIDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">SATURDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td align="center">SUNDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> </table>	BUSINESS OPERATING HOURS			MONDAY	OPEN: _____	CLOSE: _____	TUESDAY	OPEN: _____	CLOSE: _____	WEDNESDAY	OPEN: _____	CLOSE: _____	THURSDAY	OPEN: _____	CLOSE: _____	FRIDAY	OPEN: _____	CLOSE: _____	SATURDAY	OPEN: _____	CLOSE: _____	SUNDAY	OPEN: _____	CLOSE: _____
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