

RETAIL TOBACCO LICENSE APPLICATION

MUNICIPAL CODE CHAPTER 64 "SMOKING REGULATIONS"

APPLICANTS ARE STRONGLY ENCOURAGED TO REVIEW CHAPTER 64 IN ITS ENTIRETY, PRIOR TO COMPLETING THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Corporation/LLC Name: _____

Business Name (d/b/a): _____

Business Address: _____

Type of Business: _____

1. **Application Fee Required:** A \$538.00 non-refundable application fee is required and must be submitted with this application.

2. **List the names of each owner and manager of the proposed establishment below and attach a Retail Tobacco Store Background Investigation form for each, completely filled out, signed and notarized. A non-refundable \$50.00 background investigation fee is required for each owner and manager listed and must be submitted with this application (use a separate sheet of paper if more space is needed). Note: This application will not be submitted for review by the City Council until all background investigations are complete.**

Name: _____ **Role:** ___ Owner ___ Manager

Name: _____ **Role:** ___ Owner ___ Manager

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Eligibility Questions: The questions below pertain to the applicant and any other person listed as an owner. If any questions are answered with a "Yes" attach a full written explanation to this document.

Yes No If a retailer, are you delinquent under the "30-day credit" law?

Yes No Have you ever made application for a tobacco license that has been denied?

Yes No Have you ever had any previous tobacco license suspended or revoked?

Yes No Have you ever been convicted of a felony?

Yes No Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?

Yes No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of tobacco products?

Yes No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order?

Yes No If a Corporate Licensee, is your corporation ineligible to be issued this license?

3. Ownership/Lease of Premises

a. Does the person completing this renewal application own the premises on which the license is to be located?

___ Yes

___ No

b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number on the following page.

Landlord Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

4. Provide a brief narrative below of the applicant's experience in the line of business in which the license is sought.

5. Provide the proposed hours of operation for the proposed establishment. If different areas of the premises are to have different hours of operation, please identify. Please ensure that hours of operation comply with City Code Section 38.25.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

6. Attach a detailed floor plan for the proposed licensed establishment. The floor plan should clearly reflect all entrances and exits, restrooms, areas where tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 64 "Smoking Regulations" of the City's Municipal Code of Ordinances.

7. Provide a detailed description of the security plan for the proposed establishment as follows:

- a. Measures for age verification prior to entry into the establishment and/or prior to the sale of tobacco.

- b. The method of storing and securing tobacco prior to sale.

- c. The method of securing site access.

- d. Training to be provided to employees and tobacco servers.

- e. The security plan for rowdy or disruptive patrons.

- f. Anti-theft policies and countermeasures.

g. Surveillance equipment to be utilized and a surveillance plan.

h. Any other related security information.

i. Address any license-specific security measures.

8. Provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved.

9. Conditional Retail Store Tobacco License: The City Council may, but is not obligated to, approve Tobacco licenses for licensees who are otherwise eligible for issuance of a license, but whose place of business has not been built-out, has not received a Fire-Life Safety License, is not yet eligible for issuance of a final certificate of occupancy or is otherwise ineligible for operation because of non-compliance with any other City Code or requirement.

10. Attach a copy of the City of DeKalb Fire Life Safety license for the location of the business, or a copy of the completed Fire Life Safety application, along with a \$100.00 non-refundable application fee. The City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

11. Attach a certificate of insurance compliant with Section 38.06. The certificate must name the City of DeKalb as additional primary insured without right of subrogation, and with a 30-day notice of cancellation, on a minimum \$1,000,000 comprehensive general liability insurance policy.

12. Status of Business. Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) that corresponds to your business' official papers filed with the Office of the Secretary of State. Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

a. Sole Proprietorship – Date Filed with the County Clerk: _____

b. Partnership – Date of Formation: _____

c. *Illinois Corporation – Date Of Incorporation: _____

d. *Foreign Corporation – State Of Incorporation: _____

e. Limited Liability Company – Date Qualified To Do Business in Illinois: _____

Date Formed: _____

*If "c" or "d" is checked, indicate your current Secretary of State file number here: _____

(If you don't have this number available, please contact the Secretary of State's office at 312-793-3380)

FEIN #: _____ (The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 800-829-3676 for general information on how to apply and to obtain the forms you will need.)

Illinois Business Tax Number (Sales Tax Account Number): _____
Enter The Eight-Digit Illinois Department of Revenue Business Tax (Sales Tax Account) Number. You must have this number for a license to be issued. If you need to obtain this number, visit www.tax.illinois.gov and click on the “businesses”, and then the “business registration.” If you have questions, call 217-785-3707.

13. Provide a copy of the business’ State of Illinois Tobacco Products Retailer license and/or Cigarette and Tobacco Products Retailer license. If you are selling tobacco products at retail (such as at a convenience store or gas station), you will need to register for an additional license. You will need an “Tobacco Products Retailer” license if you will never sell cigarettes, or a “Cigarette and Tobacco Products Retailer” license if you also sell cigarettes.

14. Provide a telephone number and email address below where an owner and/or manager can be reached.

Telephone No.: _____

Email Address: _____

Signature Required: This application must be signed by an owner, an officer, or partner. The signature must be an original – rubber stamps and copies will not be accepted.

By submitting this signed application, the applicant certifies under oath, and subject penalties of perjury, that: (initial each statement)

I, the undersigned applicant or authorized agent thereof, swear or affirm that:

_____ The matters stated in the foregoing application are true and correct and are made upon my personal knowledge and information for the purpose of requesting the State of Illinois to issue the license herein applied for, the applicant is qualified and eligible to obtain the license applied for, and the applicant will not violate any of the laws of the United States of America or the State of Illinois.

_____ In accordance with the provisions of the City of DeKalb Municipal Code Chapter 64 “Smoking Regulations”, I, the undersigned applicant or authorized agent thereof, shall not do any of the following, and will train every employee accordingly to not do any of the following:

- Give or sell or otherwise distribute cigarettes or other tobacco products to anyone under the age of twenty-one (21) years).
- 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 anyone under the age of twenty-one (21) years).

_____ No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.

_____ I have reviewed Chapter 64 “Smoking Regulations” of the City’s Municipal Code of Ordinances and shall comply therewith, including but not limited to Sections 64.09 “Enforcement”.

_____ Submission of this application for a license and/or acceptance of a license under Chapter 64 “Smoking Regulations” constitutes the applicant’s consent to an inspection of any and all portions of the licensed premises by the City as follows: 1) at any time during the normal business hours of the licensed premises, with or without advance notice; or 2) at such other time as the City shall designate to the applicant/licensee in writing, with not less than 48 hours advance notice. Inspections pursuant to this consent may be conducted by any City personnel, including the Police Department, the Building Division, Public Works, Fire Department staff, the City Attorney, the City Manager, or other staff authorized by the City Manager, for purposes of determining compliance with the provisions of this ordinance, or for purposes of determining compliance with any other applicable code or regulation. The consent for inspection shall extend to any portion of the premises. An applicant or licensee’s refusal to grant access to the premises for an inspection shall constitute grounds for denial of a pending application (without refund of any posted application fees) and shall constitute

a violation of this ordinance for license holders, which may subject a licensee to suspension or revocation of their license, imposition of fines and penalties under this ordinance, or both. All holders of a license must also hold a valid Fire Life Safety License issued by the City.

____ I understand that if this request for a Retail Tobacco license is approved, an initial fee in the amount of \$3,735.00 will be due prior to issuance of said license. I also understand that said license will expire on June 30th of each year and will require renewal prior to that date. The renewal fee for said license will be \$350.00 (*subject to change*).

Signed and submitted under Oath this _____ day of _____, 20_____.

Signature of Applicant: _____

Title/Position: _____

BACKGROUND INVESTIGATION FORM

(Submit with Application)

BUSINESS NAME: _____

APPLICANT'S ROLE WITH THE BUSINESS: _____

NAME OF APPLICANT (FULL NAME WITH MIDDLE INITIAL): _____

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: _____

PRESENT HOME ADDRESS: _____

PREVIOUS ADDRESS(ES) (PAST 5 YEARS):

PHONE: _____ EMAIL ADDRESS: _____

BIRTH DATE: MONTH: _____ DAY: _____ YEAR: _____

BIRTH PLACE: CITY: _____ STATE: _____ COUNTRY: _____

CITIZEN OF U.S? Yes No - IF NO, DATE AND PLACE OF NATURALIZATION: _____

WEIGHT: _____ SEX: _____ HAIR COLOR: _____

HEIGHT: _____ RACE: _____ EYE COLOR: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor? Yes No - If yes, attach explanation.

STATEMENT

I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

APPLICATIONS MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE BEING SUBMITTED TO THE CITY FOR PROCESSING. A NOTARY WILL REQUIRE THAT YOU PROVIDE A VALID DRIVER'S LICENSE AT THE TIME OF SIGNING.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

LICENSE FEE

Under 35,000 sq. ft.: \$100.00

Over 35,000 sq. ft.: \$200.00

Fee after January 31: DOUBLED **2023 New Owner****Fire-Life Safety License Application****Municipal Code, Chapter 16**Application is hereby made for a Fire-Life Safety License for the period **May 1 through April 30****Return ORIGINAL completed application with license fee to:**Finance Department City of DeKalb, **164 E Lincoln Highway, DeKalb, IL 60115****MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**

BUSINESS INFORMATION	
Company or Corporation Name:	Sole Proprietor Partnership Corporation LLC
Business Name (DBA):	
Building Address:	
License Issued to:	Occupancy:
Mail Correspondence (including renewal applications) to (circle one): Building Address Owner Address Manager Address	
BUSINESS OWNER INFORMATION	
Business Owner Name:	
Mailing Address:	
Phone Number:	
Email:	
MANAGER INFORMATION	
Business Manager Name:	
Mailing Address:	
Phone Number:	
Email:	
NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY	
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? YES NO	
Does this location have a kitchen and/or Ansul Hood System? YES NO	

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

AFTER HOURS EMERGENCY CONTACT INFORMATION

CONTACT #1	CONTACT #2
Name:	Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR)	

BUSINESS HOURS:

Monday	Open:	Close:
Tuesday	Open:	Close:
Wednesday	Open:	Close:
Thursday	Open:	Close:
Friday	Open:	Close:
Saturday	Open:	Close:
Sunday	Open:	Close:

I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made *not more than ten minutes prior to the start of a program* that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

SIGNATURE: _____

Print name and title: _____ **Date:** _____

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (licensing@cityofdekalb.com) FAX: 815-748-2304.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, EMAIL OR CALL THE FINANCE DEPARTMENT AT (815) 748-2080.

FOR CITY USE ONLY

Date Payment Received:

Fee Paid: Check #: Cash: Online Payment:

BL: **BD:** **MR:** **UB:**