

Retail Tobacco License Application Supplement

1. Type of License(s) Sought:

- Retail Store Tobacco License:** Applicant is required to obtain a Fire Life Safety License, provide Certificate of Occupancy, and successful completion of background checks *prior* to applying for a Retail Store Tobacco License. Upon receipt of a completed application, 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.
- Conditional Retail Store Tobacco License:** The City Council may, but shall not be 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. Applicants are required to successfully complete background checks *prior* to submission of an application. Upon receipt of a completed application, 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.

2. **Please 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 38 of the City Code.
3. **Please attach a signed and completed waiver for completion of criminal background checks, for *all owners and managers*.**
4. **By submitting this signed application, you are certifying under oath, and subject to penalties of perjury, that:**

- a. 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.
 - b. You have reviewed Chapter 38 of the City of DeKalb Code of Ordinances and shall comply therewith, including but not limited to Sections 38.09, 38.21 and 38.23.
 - c. All of the contents of your State Tobacco License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.
 - d. You consent to the inspection provisions of Section 38.09(a).
5. **Please attach a Certified Check for the Initial Application Fee, in the amount of \$532.00, payable to the City of DeKalb (*non-refundable*).**
 6. **Please provide a detailed, written description of the security plan for the premises.** The security plan should address: a) measures for age verification prior to entry into the premises and/or prior to sale of tobacco; b) method of storing and securing tobacco prior to sale; c) method of securing site access; d) training to be provided to employees and tobacco servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please address any license-specific security measures.
 7. **Please 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.
 8. **Please 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. **Please describe the proposed hours of operation for the licensed premises.** 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.
 10. **Please provide a detailed description of your training plan for tobacco servers.**
 11. **Please attach a copy of your city of dekalb fire life safety license, or a copy of your file stamped application therefore.**
 12. **Are you requesting a conditional tobacco license (prior to issuance of certificate of occupancy)? *If yes*, please describe the reasons for such**

request.

- 13. Please provide a brief narrative of your experience in the line of business you are seeking a license for.**
- 14. Please attach any other information you believe would be helpful in the evaluation of your application.**

Signed and submitted under Oath, this _____ day of _____, 201____.

Applicant Signature: _____

Printed Name: _____

Title: _____

TOBACCO LICENSE BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A TOBACCO LICENSE

(This document may be duplicated) (Original signature required)

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):

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:** _____

DRIVERS 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.

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Signature of Applicant: _____ **Date:** _____

STATE OF ILLINOIS)
) SS Subscribed and sworn to before me this _____ day of _____, 20_____.
COUNTY OF DEKALB)

Notary Public Signature



APPLICATION FOR RETAIL TOBACCO STORE LICENSE

- If you want your renewal application, your license certificate and other City of DeKalb correspondence sent to your “corporate” address, please check the box at left.**

1. APPLICANT - CORPORATE INFORMATION

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. 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 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. YOU MUST HAVE THIS NUMBER IN ORDER 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 any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
EXT.

D. COUNTY

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY

E. NAME

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME

F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which 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. <input type="checkbox"/> SOLE PROPRIETORSHIP | DATE FILED WITH COUNTY CLERK: _____ |
| B. <input type="checkbox"/> PARTNERSHIP | DATE OF FORMATION: _____ |
| C. <input type="checkbox"/> ILLINOIS CORPORATION | DATE OF INCORPORATION: _____ |
| D. <input type="checkbox"/> FOREIGN CORPORATION | STATE OF INCORPORATION: _____ |
| E. <input type="checkbox"/> LIMITED LIABILITY COMPANY | DATE QUALIFIED TO DO BUSINESS IN IL: _____
DATE FORMED: _____ |

If "C" or "D" is checked, indicate your current Secretary of State file number here (If you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%. The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 5 - ELIGIBILITY.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____%

4. BUSINESS PREMISE INFORMATION

- If you want your renewal application, your license certificate and other ILCC correspondence sent to your business premise address, please check the box to the left.

A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving tobacco at the licensed premises. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

ADDRESS	CITY	STATE	ZIP	COUNTY

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selection listed is inappropriate, describe the business under "other".

- RETAIL TOBACCO STORE OTHER: _____

E. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, zip code and county.

LANDLORD NAME		AREA CODE/TELEPHONE NO.			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

5. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. If any questions are answered with a "Yes" attach a full written explanation to this document.

- 5A Yes No If retailer, are you delinquent under the "30-day credit" law?
- 5B Yes No Have you ever made application for a tobacco license which has been denied?
- 5C Yes No Have you ever had any previous tobacco license suspended or revoked?
- 5D Yes No Have you ever been convicted of a felony?
- 5E 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?
- 5F 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?
- 5J 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?
- 5K Yes No If a Corporate Licensee, is your corporation ineligible to be issued this license?

8. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. The signature must be an original, rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE 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.

Signature of Applicant: _____

Title/Position: _____

Date: _____

FOR OFFICE USE ONLY

License No.: _____

Date Issued: _____

Expiration Date: _____

Signature of Authorized Personnel: _____