



**RENEWAL APPLICATION  
FOR CITY RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS**

The undersigned hereby files an application for the issuance of a city retailer's license for the sale of tobacco for the term ending April 30, 20\_\_\_\_, and hereby certifies to the following facts:

**1. Applicant Information**

(a) Applicant's full name: \_\_\_\_\_

(b) Date of birth \_\_\_\_\_  
(Month) (Day) (Year)

(c) Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street and number)

(d) Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

(e) Place of birth \_\_\_\_\_

(f) Are you a citizen of the United States'? \_\_\_\_\_

If a naturalized citizen, when naturalized? \_\_\_\_\_ Where naturalized? \_\_\_\_\_  
(Month) (Day) (Year) (City and State)

Court in which (or law under which) naturalized \_\_\_\_\_

(g) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_

If so, give date and state offense \_\_\_\_\_

(h) Does applicant currently hold a federal wagering stamp? \_\_\_\_\_ Does the licensed premises  
currently hold a federal wagering stamp? \_\_\_\_\_

(i) Is applicant a permanent resident of the City of Rockford? \_\_\_\_\_

(j) Is applicant disqualified from receiving a tobacco license by reason of any matter or item contained in the laws  
of the state of Illinois, this chapter, or any other code or ordinance of the City of Rockford? \_\_\_\_\_

**2. Business Information**

(a) Name under which business is to be conducted \_\_\_\_\_

(b) Location of place of business for which license is sought:

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Exact address by street and number)

(c) The character of the business \_\_\_\_\_  
(i.e. tavern, restaurant, grocery store, gas station, night club, etc.)

(d) Does the applicant beneficially own or have a contract to purchase the premises for which this license is sought?

\_\_\_\_\_

If not, has applicant a lease on such premises covering the full period for which license is sought? If so, please provide:

(i) Name and address of lessor \_\_\_\_\_

(ii) Period covered by lease: From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_

(e) Is applicant a licensed food dispenser? \_\_\_\_\_ If so, give number of license \_\_\_\_\_

(f) The length of time the applicant has been in the business of the character described above \_\_\_\_\_

(g) Is the premises for which a tobacco license is sought comprised of a store or other place of business where the majority of customers are under the age of eighteen (18) years or where the principal business transacted consists of the sale of school books, school supplies, food, lunches, or drinks for such customers? \_\_\_\_\_

(h) Will applicant be personally, actively involved in the on premises day-to-day operation of the business to be licensed? \_\_\_\_\_

(i) Has the manager's position changed in the last six (6) months? Yes ( ) No ( )

**\*If the answer is yes, all managers/agents must complete a background check and manager/agent application.**

(j) What is the amount of anticipated tobacco sales as a percentage of gross annual sales of the business? \_\_\_\_\_

3. Is the location of applicant's business for which license is sought within 100 feet of the nearest property line of any of the following properties:

School \_\_\_\_\_ Church \_\_\_\_\_ Mental Health Clinic \_\_\_\_\_

Hospital \_\_\_\_\_ Senior citizen housing \_\_\_\_\_ Child care center \_\_\_\_\_

Transitional service facility \_\_\_\_\_ Homeless/indigent shelter \_\_\_\_\_ Hospice \_\_\_\_\_

Community based housing as defined by the City of Rockford Zoning Ordinance \_\_\_\_\_

Nursing or personal care facilities \_\_\_\_\_ Home for veterans, their spouses or children \_\_\_\_\_

\_\_\_\_\_ Military or naval stations \_\_\_\_\_ Any church building used for worship or

educational purposes \_\_\_\_\_



11. What is the existing inventory level for the proposed business?

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12. Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? \_\_\_\_\_

**STATE OF ILLINOIS SS.  
COUNTY OF WINNEBAGO**

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Applicant