



# City of Aurora

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Charles Koch  
Assistant Director of  
Finance

## Tobacco/ Alternative Nicotine/ Vape License Application License year October 1, 20\_\_ thru September 30, 20\_\_

### Important information about this application:

- There is a one-time application fee of \$50.
- The fee for tobacco/ alternative nicotine/ vape license is \$50 per year, per location.
- The owner/manager of the business MUST complete and SIGN this application, even if the distributor is paying the license fee. ALL items on this application must be completed, with an "N/A" for any lines that are not applicable. Incomplete applications will not be processed and returned for completion.
- A tobacco/ alternative nicotine/ vape license is NOT transferable to a different location or owner.
- The tobacco/ alternative nicotine/ vape license MUST be posted in PUBLIC VIEW at the licensed location.
- A background check is required.
- **Will this business's sales consist of 50% or more vape products** \_\_\_ Yes\* \_\_\_ No  
\*If Yes, business cannot be within 2640 feet of another vape store.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Applicant Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Billing Address (if different) \_\_\_\_\_

Applicant is a (check one): \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ DBA

If applicant is a corporation: Corporate Name: \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_ First taxable sales date \_\_\_\_\_

State of Illinois tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

If partnership, name all partners: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

(Application continues next page)

Distributor Name: \_\_\_\_\_ Address: \_\_\_\_\_

(Street)

(City/State)

(Zip)

**Check all that apply to your business location** – note that all of the below require a specific application, please be sure to obtain each one that you need now to avoid fines in the future:

- Automatic Music (contact the Revenue and Collection Division for application)
- Amusement Devices (contact the Revenue and Collection Division for application)
- Liquor Tax (contact the City Clerk and the Revenue and Collection Division for applications)
- Food and Beverage Tax (contact the Revenue and Collection Division for application)

I, \_\_\_\_\_, hereby certify that the above information is TRUE and CORRECT. I understand that any false or misleading information provided herein may result in the revocation of said license.

\_\_\_\_\_

(Signature of Owner/Manager)

\_\_\_\_\_

(Date)

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**FOR OFFICE USE**

Amount received \$ \_\_\_\_\_ check / cash

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

Approved by: \_\_\_\_\_

License #: \_\_\_\_\_