



City of Aurora

Finance Department. 44 East Downer Place. Aurora, Illinois 60507-2067. (630) 256-3560
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Charles Koch Assistant Director of
Finance

Tobacco 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 a tobacco 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 license is NOT transferable to a different location or owner.
- The tobacco license MUST be posted in PUBLIC VIEW at the licensed location.

Name of Applicant: _____ Date of Birth: _____

Applicant Home Address: _____
(Street) (City) (State) (Zip)

Applicant Day Phone #: _____ Evening Phone #: _____

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)

Distributor Name: _____ Address: _____
(Street) (City/State) (Zip)

(Application continues on next page)

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)

FOR OFFICE USE

Amount received \$ _____ check / cash

Date: _____

Approved by: _____

License #: _____