



City of Aurora

Finance Department. 44 East Downer Place. Aurora, Illinois 60507-2067. (630) 256-3560
FAX (630) 256-3569

Date: _____

Application for Tobacco License Owner/Manager

Name of Applicant: _____ Date of Birth: _____

Current Address: _____
(Number & Street) (City) (Zip)

At Current Address From _____ to _____ Telephone #: _____

Address for 5 Years Previous to Current Address:

Number & Street	City & State	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Place of Birth: _____ Are you a Citizen of the U.S? _____

If Naturalized, when? _____ (modyyr) Where _____ (City & State)

Previous Employer's Name & Address: _____

From _____ to _____

Are you Married _____ Single _____ Divorced _____

Height _____ Color of Hair _____ Race _____

How long have you lived in Aurora? _____

Illinois Drivers License Number _____

Have you been convicted of a felony under any federal or state law? _____

Any Misdemeanor in which tobacco products were involved? _____

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