MORTON GROVE
Incredibly Close ✦ Amazingly Open

Village of Morton Grove
6101 Capulina Avenue | Morton Grove, Illinois 60053
commdev@mortongroveil.org | 847-663-3062

Tobacco Sales License Application

PART I: GENERAL INFORMATION

BUSINESS INFORMATION

Address to Be Occupied _____

Business Name (DBA) _____

Legal Business Name _____

Business Contact Person _____

Business E-Mail _____ Business Phone _____

Website _____

Billing E-mail (If Other Than Business E-mail) _____

Billing Address (If Other Than Business Address) _____
Street

_____
City *State* *ZIP*

TOBACCO SALES ESTIMATES

It is unlawful to sell at retail, to give away, deliver or to keep with the intention of selling at retail, giving away or delivering tobacco products or alternative nicotine products within the village without having first obtained a Class A or Class B tobacco license pursuant to Ordinance 25-24.

Est. Annual Gross Sales of Establishment _____

Est. Annual Gross Sales from Tobacco* _____

** Tobacco sales shall include retail sales of tobacco and/or alternative nicotine products and tobacco-related products and/or THC products and/or Kratom products.*

License Type** Requested: ☐ Class A - Accessory Tobacco Sales
Tobacco sales are <u>not</u> the primary function of the retail establishment
☐ Class B - Tobacco Store
Tobacco sales are the primary function of the retail establishment

***Refer to Section 4-6M-2 of the Municipal Code for complete definitions regarding the sale and distribution of tobacco products.*

BACKGROUND CHECK REQUIREMENTS

Prior to the approval and issuance of a tobacco license, or upon the change of ownership or manager of the licensee, all persons having an interest of at least five percent (5%) of the licensee, all managers of the licensed premises, and such other persons as requested by the Village Administrator must submit to a background check including submitting their fingerprints to the Morton Grove Police Department.
The licensee or applicant must pay the required background check fee, as determined by the Village Administrator. A license may be denied or revoked at the discretion of the Village Administrator based on background check findings.

TOBACCO LICENSE AS PERSONAL PRIVILEGE

A tobacco license granted pursuant to Ordinance 25-24 is solely a personal privilege, and unless sooner revoked pursuant Chapter 4-6M of the Municipal Code or by federal or state law shall last for no more than one year; from January 1 (or later for an initial application) through December 31. A license shall not constitute property and may not be transferred. It shall not be used as collateral, nor be subject to voluntary or involuntary attachment, assignment, garnishment, or execution, encumbrance or hypothecation, nor shall it descend by the laws of testate or intestate devolution. Renewal of this license is a privilege and shall not be construed as a vested right which shall limit or prevent the decreasing number of licenses to be issued within the Village.

POSTING REQUIREMENT: If approved, a tobacco license must be posted in a conspicuous place at the location for which the license is issued.

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PART II: INFORMATION ABOUT INDIVIDUALS REQUIRED TO BE LISTED ON AND/OR TO SIGN THIS APPLICATION

APPLICANT 1

Full Legal Name (First, Middle Initial, Last Name):	Address of Legal Residence (Street & #, City, State, Zip):
Home Phone Number (incl. area code):	Mailing Address: (if different than above):
Business Phone Number (incl. area code):	Official Title within Licensee (owner, director, office, manager, etc.):
Percentage Interest of Ownership in Licensee:	Social Security Number:
Date of Birth:	Driver's License Number:
Place of Birth:	If not U.S. citizen, are you a legal resident?
	☐ Yes ☐ No
Country of Citizenship:	Date and Place of U.S. Naturalization (if applicable):
Occupation:	Current/prior locations where a license was held in the past 10 years.

APPLICANT 2

Full Legal Name (First, Middle Initial, Last Name):	Address of Legal Residence (Street & #, City, State, Zip):
Home Phone Number (incl. area code):	Mailing Address: (if different than above):
Business Phone Number (incl. area code):	Official Title within Licensee (owner, director, office, manager, etc.):
Percentage Interest of Ownership in Licensee:	Social Security Number:
Date of Birth:	Driver's License Number:
Place of Birth:	If not U.S. citizen, are you a legal resident?
	☐ Yes ☐ No
Country of Citizenship:	Date and Place of U.S. Naturalization (if applicable):
Occupation:	Current/prior locations where a license was held in the past 10 years.

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PART II: INFORMATION ABOUT INDIVIDUALS REQUIRED TO BE LISTED ON AND/OR TO SIGN THIS APPLICATION (CONT'D)

APPLICANT 3

Full Legal Name (First, Middle Initial, Last Name):	Address of Legal Residence (Street & #, City, State, Zip):
Home Phone Number (incl. area code):	Mailing Address: (if different than above):
Business Phone Number (incl. area code):	Official Title within Licensee (owner, director, office, manager, etc.):
Percentage Interest of Ownership in Licensee:	Social Security Number:
Date of Birth:	Driver's License Number:
Place of Birth:	If not U.S. citizen, are you a legal resident?
	☐ Yes ☐ No
Country of Citizenship:	Date and Place of U.S. Naturalization (if applicable):
Occupation:	Current/prior locations where a license was held in the past 10 years.

APPLICANT 4

Full Legal Name (First, Middle Initial, Last Name):	Address of Legal Residence (Street & #, City, State, Zip):
Home Phone Number (incl. area code):	Mailing Address: (if different than above):
Business Phone Number (incl. area code):	Official Title within Licensee (owner, director, office, manager, etc.):
Percentage Interest of Ownership in Licensee:	Social Security Number:
Date of Birth:	Driver's License Number:
Place of Birth:	If not U.S. citizen, are you a legal resident?
	☐ Yes ☐ No
Country of Citizenship:	Date and Place of U.S. Naturalization (if applicable):
Occupation:	Current/prior locations where a license was held in the past 10 years.

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PART II: INFORMATION ABOUT INDIVIDUALS REQUIRED TO BE LISTED ON AND/OR TO SIGN THIS APPLICATION (CONT'D)

APPLICANT 5

Full Legal Name (First, Middle Initial, Last Name):	Address of Legal Residence (Street & #, City, State, Zip):
Home Phone Number (incl. area code):	Mailing Address: (if different than above):
Business Phone Number (incl. area code):	Official Title within Licensee (owner, director, office, manager, etc.):
Percentage Interest of Ownership in Licensee:	Social Security Number:
Date of Birth:	Driver's License Number:
Place of Birth:	If not U.S. citizen, are you a legal resident?
	☐ Yes ☐ No
Country of Citizenship:	Date and Place of U.S. Naturalization (if applicable):
Occupation:	Current/prior locations where a license was held in the past 10 years.

PART III: AFFIDAVIT & SIGNATURE

This application for a tobacco license must contain all required information and be signed and verified by all persons who own five percent (5%) or more of the business or entity seeking the tobacco license. Managers must also sign this application. An additional signature page can be added by the applicant as needed.

OWNERSHIP & MANAGERS SIGNATURES

Under penalty of perjury, I swear this application has been truthfully and accurately completed. The licensee/applicant and I shall abide by all ordinances, rules and regulations of the Village of Morton Grove.

Applicant 1 Signature _____ Date _____

Printed Name _____ Applicant 1 Title _____

Applicant 2 Signature _____ Date _____

Printed Name _____ Applicant 2 Title _____

Applicant 3 Signature _____ Date _____

Printed Name _____ Applicant 3 Title _____

Applicant 4 Signature _____ Date _____

Printed Name _____ Applicant 4 Title _____

Applicant 5 Signature _____ Date _____

Printed Name _____ Applicant 5 Title _____