

Lic. # \_\_\_\_\_



**Tobacco Dealer**  
**Application for Village of Manteno**

The undersigned hereby make application for the issuance of a Village retailer’s license for the sale of Tobacco and Tobacco related products for the period of May 1, \_\_\_\_ thru April 30, \_\_\_\_:

***PLEASE PRINT***

1) Applicants full name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) Name of officers, directors or managers of corporation, partnership or association or any stockholder owning or having more than 5% of interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Location of Business which license is sought:

\_\_\_\_\_  
EXACT ADDRESS BY STREET AND NUMBER

4) List Owner of premises if leasing/renting property for which this license is sought

\_\_\_\_\_

5) Is any law enforcing public official, mayor, trustee, member of a Village commission, or any president or member of a county board directly interested in the business for which this license is sought? \_\_\_\_\_

6) Has any license previously issued to you by local authorities, State or Federal been revoked, suspended or fined? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, give dates and explanation \_\_\_\_\_

