



**VILLAGE OF OAK LAWN  
9446 RAYMOND AVENUE  
OAK LAWN, ILLINOIS 60453**

**APPLICATION/RENEWAL FOR TOBACCO PRODUCTS LICENSE**

**PLEASE NOTE:** Any misrepresentation or falsification of the information sought below may result in revocation of the license granted. For more information or questions, please call (708) 403-5300.

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**LICENSE FEE: \$93.75**

**TODAY'S DATE** \_\_\_\_\_

**NEW LICENSE** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_ **APPLICATION DATE** \_\_\_\_\_

How will Tobacco be sold? Over the counter \_\_\_\_\_ By Vending Machine \_\_\_\_\_  
If by Vending Machine, does your Vending Machine have a locking device?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Separate vending machine license/sticker fee also required.

Has Applicant ever been subject to suspension or revocation of a tobacco license in the Village of Oak Lawn? Yes \_\_\_\_\_ No \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**CERTIFICATE OF REGISTRATION NUMBER** \_\_\_\_\_

(Required under the Retailers Occupation Tax Act, Service Occupation Tax Act, and/or Use Tax Act, if applicable)

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If sole proprietorship, list applicants name, address and residential phone. If partnership, corporation or unincorporated association, list name, address and residential phone for each partner, principal, principal officer, registered agent, spokesman or officer, as appropriate. Use separate sheet if needed.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

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**Signature of Authorized Representative**

**Date**

The sale of tobacco products to persons under eighteen years of age if prohibited by law.

**Please return completed application and check for \$93.75 made payable to the Village of Oak Lawn to the above address, Attn: Licensing Department.**