

**APPROVING A RETAIL TOBACCO STORE LICENSE FOR THE SMOKE SHOP
NIU 818, INC., D/B/A THE SMOKE SHOP, LOCATED AT 818 W. LINCOLN
HIGHWAY, SUITE 3, DEKALB, ILLINOIS.**

WHEREAS, the City of DeKalb (the "City") is a home rule unit of local government and may exercise any power and perform any function pertaining to its government and affairs pursuant to Article VII, Section 6, of the Illinois Constitution of 1970; and

WHEREAS, Chapter 64 of the City's Municipal Code regulates the licensing of Retail Tobacco Stores located in the City's corporate limits; and

WHEREAS, The Smoke Shop NIU 818, Inc. (the "Licensee") petitioned the City to approve a retail tobacco store license for the property located at 818 W. Lincoln Highway, Suite 3, DeKalb, Illinois (the "License"); and

WHEREAS, the City's corporate authorities find that approving the License is in the City's best interests for the protection of the public health, safety, and welfare; and

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:

SECTION 1: The recitals to this resolution are true, correct, adopted and incorporated as Section One to this resolution.

SECTION 2: The City's corporate authorities approve and authorize a Retail Tobacco Store License to The Smoke Shop NIU 818, Inc., d/b/a The Smoke Shop, for the premises located at 818 W. Lincoln Highway, Suite 3, DeKalb, Illinois (the "Premises"), to the ownership identified in the Retail Tobacco Store License Application attached and incorporated as Exhibit A, subject to the following conditions:

1. All signage shall strictly conform to the City's Unified Development Ordinance and Chapter 64 "Smoking Regulations" of the City's Municipal Code as may be amended from time to time.
2. Licensee shall not utilize any form of temporary signage to advertise tobacco sales, promotional activities or other similar endeavors.
3. Licensee shall be required to complete all applicable inspections and obtain all other licenses required to lawfully use, occupy, maintain, and operate the Premises as a retail tobacco store prior to commencing operations.
4. Licensee shall provide proof that it has acquired required insurance coverages and paid all applicable fees prior to commencing operations.
5. Licensee shall comply with all applicable laws, regulations, ordinances, resolutions, and provisions of the City's Municipal Code pertaining to the regulation and taxation of a retail tobacco store in the City.

SECTION 3: This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the City's corporate authorities that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, this resolution shall supersede state law in that regard within its jurisdiction.

SECTION 4: This resolution shall be in full force and effect from and after its passage and approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 24th day of April 2023 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None. Absent: Morris.




COHEN BARNES, Mayor

ATTEST:


Ruth A. Scott, Executive Assistant

~~RECEIVED~~

RECEIVED
MAR 14 2023

RETAIL TOBACCO LICENSE APPLICATION
MUNICIPAL CODE CHAPTER 64 "SMOKING REGULATIONS"

APPLICANTS ARE STRONGLY ENCOURAGED TO REVIEW CHAPTER 64 IN ITS ENTIRETY, PRIOR TO COMPLETING THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Corporation/LLC Name: The Smoke Shop NLU 818 Inc
Business Name (d/b/a): The Smoke Shop
Business Address: 818 W Lincoln Hwy STE 3, Dekalb IL 60115
Type of Business: Corporation Retail Tobacco Store

1. Application Fee Required: A \$538.00 non-refundable application fee is required and must be submitted with this application.
2. List the names of each owner and manager of the proposed establishment below and attach a Retail Tobacco Store Background Investigation form for each, completely filled out, signed and notarized. A non-refundable \$50.00 background investigation fee is required for each owner and manager listed and must be submitted with this application (use a separate sheet of paper if more space is needed). Note: This application will not be submitted for review by the City Council until all background investigations are complete.

Name: Mohammad Abdul-Majid Role: ☒ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Eligibility Questions: The questions below pertain to the applicant and any other person listed as an owner. If any questions are answered with a "Yes" attach a full written explanation to this document.

- ☐ Yes ☒ No If a retailer, are you delinquent under the "30-day credit" law?
- ☐ Yes ☒ No Have you ever made application for a tobacco license that has been denied?
- ☐ Yes ☒ No Have you ever had any previous tobacco license suspended or revoked?
- ☐ Yes ☒ No Have you ever been convicted of a felony?
- ☐ Yes ☒ No Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?
- ☐ Yes ☒ No Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of tobacco products?
- ☐ Yes ☒ No Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order?
- ☐ Yes ☒ No If a Corporate Licensee, is your corporation ineligible to be issued this license?

13. **Ownership/Lease of Premises**

- a. Does the person completing this renewal application own the premises on which the license is to be located?

☐ Yes
☒ No

- b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number on the following page.

Landlord Name: Junction Management Office
 Address: 858 W. Lincoln Hwy, Dekalb, IL, 60115
 City, State, Zip Code: Dekalb, IL, 60115
 Telephone No.: (815) 761-0830

4. Provide a brief narrative below of the applicant's experience in the line of business in which the license is sought.

is currently the manager at the location

5. Provide the proposed hours of operation for the proposed establishment. If different areas of the premises are to have different hours of operation, please identify. Please ensure that hours of operation comply with City Code Section 38.25.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm

6. Attach a detailed floor plan for the proposed licensed establishment. The floor plan should clearly reflect all entrances and exits, restrooms, areas where tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 64 "Smoking Regulations" of the City's Municipal Code of Ordinances.

7. Provide a detailed description of the security plan for the proposed establishment as follows:

- a. Measures for age verification prior to entry into the establishment and/or prior to the sale of tobacco.

Posted Signs From FDA + must be 21 to enter
 ID must be shown at all POS

- b. The method of storing and securing tobacco prior to sale.

Products are to be stored behind counter or
 in closed cabinets

- c. The method of securing site access,

AD + Alarm System

- d. Training to be provided to employees and tobacco servers.

2 week Training plus 2 weeks working with manager

- e. The security plan for rowdy or disruptive patrons.

under the counter panic button

- f. Anti-theft policies and countermeasures.

Camera system with display on monitors

- g. Surveillance equipment to be utilized and a surveillance plan.

Monitor System in store with 12 cameras

- h. Any other related security information.

Comments seen by employees and customers

- i. Address any license-specific security measures.

Cloud Security

8. Provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. See 7A

9. Conditional Retail Store Tobacco License: The City Council may, but is not obligated to, approve Tobacco licenses for licensees who are otherwise eligible for issuance of a license, but whose place of business has not been built-out, has not received a Fire-Life Safety License, is not yet eligible for issuance of a final certificate of occupancy or is otherwise ineligible for operation because of non-compliance with any other City Code or requirement.

10. Attach a copy of the City of DeKalb Fire Life Safety license for the location of the business, or a copy of the completed Fire Life Safety application, along with a \$100.00 non-refundable application fee. The City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

11. Attach a certificate of insurance compliant with Section 38.06. The certificate must name the City of DeKalb as additional primary insured without right of subrogation, and with a 30-day notice of cancellation, on a minimum \$1,000,000 comprehensive general liability insurance policy.

12. Status of Business. Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) that corresponds to your business' official papers filed with the Office of the Secretary of State. Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

a. ☐ Sole Proprietorship – Date Filed with the County Clerk: _____

b. ☐ Partnership – Date of Formation: _____

c. ☒ Illinois Corporation – Date Of Incorporation: 2/2/23

d. ☐ Foreign Corporation – State Of Incorporation: _____

e. ☐ Limited Liability Company – Date Qualified To Do Business in Illinois: _____

Date Formed: _____

*If "c" or "d" is checked, indicate your current Secretary of State file number here: _____

(If you don't have this number available, please contact the Secretary of State's office at 312-793-3380)

FEIN #: 92-2187391 (The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 800-829-3676 for general information on how to apply and to obtain the forms you will need.)

Illinois Business Tax Number (Sales Tax Account Number):

4475-4752

Enter The Eight-Digit Illinois Department of Revenue Business Tax (Sales Tax Account) Number. You must have this number for a license to be issued. If you need to obtain this number, visit www.tax.illinois.gov and click on the "businesses", and then the "business registration." If you have questions, call 217-785-3707.

13. Provide a copy of the business' State of Illinois Tobacco Products Retailer license and/or Cigarette and Tobacco Products Retailer license. If you are selling tobacco products at retail (such as at a convenience store or gas station), you will need to register for an additional license. You will need an "Tobacco Products Retailer" license if you will never sell cigarettes, or a "Cigarette and Tobacco Products Retailer" license if you also sell cigarettes.

14. Provide a telephone number and email address below where an owner and/or manager can be reached.

Telephone No.:

Email Address:

Signature Required: This application must be signed by an owner, an officer, or partner. The signature must be an original – rubber stamps and copies will not be accepted.

By submitting this signed application, the applicant certifies under oath, and subject penalties of perjury, that: (initial each statement)

I, the undersigned applicant or authorized agent thereof, swear or affirm that:

MA The matters stated in the foregoing application are true and correct and are made upon my personal knowledge and information for the purpose of requesting the State of Illinois to issue the license herein applied for, the applicant is qualified and eligible to obtain the license applied for, and the applicant will not violate any of the laws of the United States of America or the State of Illinois.

MA In accordance with the provisions of the City of DeKalb Municipal Code Chapter 64 "Smoking Regulations", I, the undersigned applicant or authorized agent thereof, shall not do any of the following, and will train every employee accordingly to not do any of the following:

- Give or sell or otherwise distribute cigarettes or other tobacco products to anyone under the age of twenty-one (21) years).
- Give, sell, or distribute cigarettes or other tobacco products in any place that does not have posted in a conspicuous place a sign stating the giving, selling, or otherwise distributing of cigarettes or other tobacco products anyone under the age of twenty-one (21) years).

MA No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.

MA I have reviewed Chapter 64 "Smoking Regulations" of the City's Municipal Code of Ordinances and shall comply therewith, including but not limited to Sections 64.09 "Enforcement".

MA Submission of this application for a license and/or acceptance of a license under Chapter 64 "Smoking Regulations" constitutes the applicant's consent to an inspection of any and all portions of the licensed premises by the City as follows: 1) at any time during the normal business hours of the licensed premises, with or without advance notice; or 2) at such other time as the City shall designate to the applicant/licensee in writing, with not less than 48 hours advance notice. Inspections pursuant to this consent may be conducted by any City personnel, including the Police Department, the Building Division, Public Works, Fire Department staff, the City Attorney, the City Manager, or other staff authorized by the City Manager, for purposes of determining compliance with the provisions of this ordinance, or for purposes of determining compliance with any other applicable code or regulation. The consent for inspection shall extend to any portion of the premises. An applicant or licensee's refusal to grant access to the premises for an inspection shall constitute grounds for denial of a pending application (without refund of any posted application fees) and shall constitute

a violation of this ordinance for license holders, which may subject a licensee to suspension or revocation of their license, imposition of fines and penalties under this ordinance, or both. All holders of a license must also hold a valid Fire Life Safety License issued by the City.

MA I understand that if this request for a Retail Tobacco license is approved, an initial fee in the amount of \$3,735.00 will be due prior to issuance of said license. I also understand that said license will expire on June 30th of each year and will require renewal prior to that date. The renewal fee for said license will be \$350.00 (subject to change).

Signed and submitted under Oath this 14th day of March, 2023.

Signature of Applicant: ms

Title/Position: President

City of DeKalb
164 E. LINCOLN HWY
DeKalb, IL 60115

Paid By:
THE SMOKE SHOP NIU 818 INC.
818 W LINCOLN HWY STE. 4
DEKALB, IL 60115

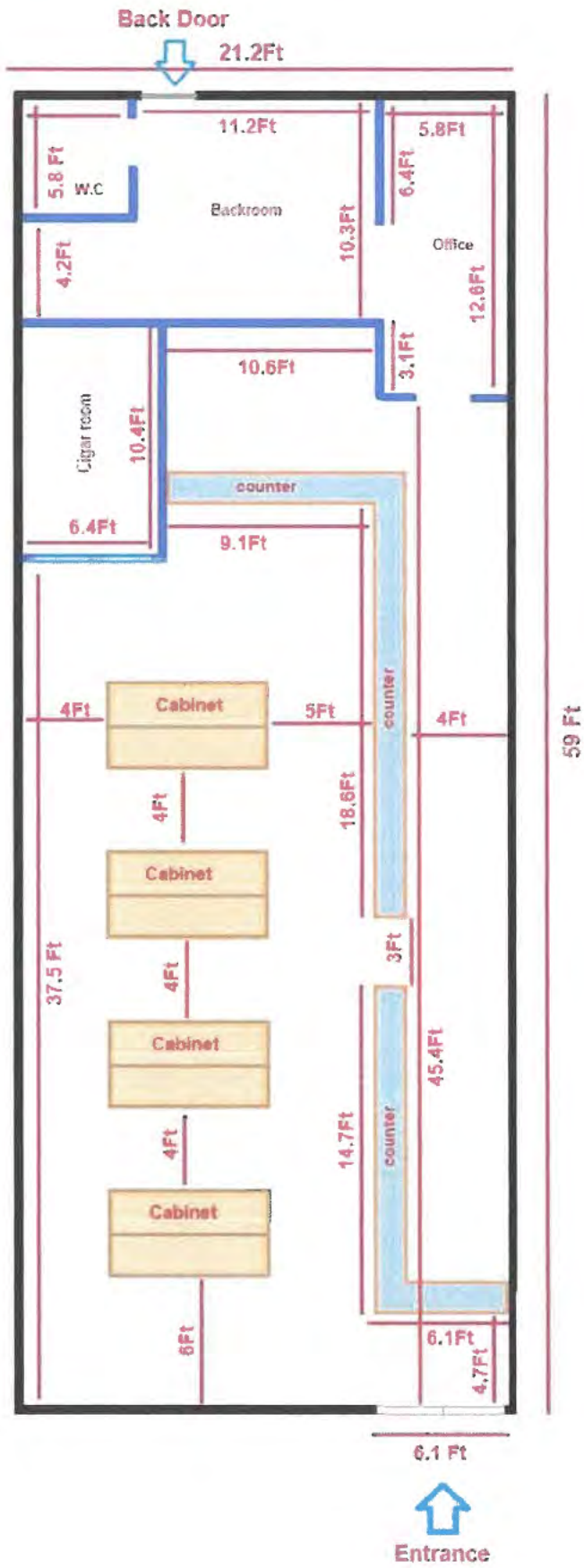
RECEIPT

Receipt #	Post Date
00012988	03/10/2023
Business ID	
2355	
Cashier	
NINA.SIMS	
Payment Method	
Many	162

License Number	Invoice #	Description	Fee ID	Amount Paid
2023-6457	00014420	TOBACCO LICENSE APPLICATION FEE	TOBACC	538.00
		Overpayment		194.00

↳ to be applied to the
initial license fee if
license is approved
by Council.

Total Amount Paid
732.00



2023-6458

LICENSE FEE

Under 35,000 sq. ft.: \$100.00

Over 35,000 sq. ft.: \$200.00

Fee after January 31: DOUBLED


☒ 2023 New Owner

COPY

Fire-Life Safety License Application
 Municipal Code, Chapter 16

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

Return ORIGINAL completed application with license fee to:

Finance Department City of DeKalb, 164 E Lincoln Highway, DeKalb, IL 60115

MAKE CHECKS PAYABLE TO "CITY OF DEKALB"
RECEIVED
 MAR 14 2023
 BY: _____
BUSINESS INFORMATIONCompany or Corporation Name: The Smoke Shop N I U 818 Inc Sole Proprietor Partnership ☒ Corporation LLCBusiness Name (DBA): The Smoke ShopBuilding Address: 818 W Lincoln HWY STE 4

License Issued to:

Occupancy:

Mail Correspondence (including renewal applications) to (circle one): ☒ Building Address ☐ Owner Address
Manager Address**BUSINESS OWNER INFORMATION**Business Owner Name: Mohammad Abdul Majid

Mailing Address:

Phone Number:

Email:

MANAGER INFORMATION

Business Manager Name:

Mailing Address:

Phone Number:

Email:

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITYAre you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? YES ☒ NODoes this location have a kitchen and/or Ansul Hood System? YES ☒ NO

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

AFTER HOURS EMERGENCY CONTACT INFORMATION	
CONTACT #1	CONTACT #2
Name: <u>Mohammad Abdul-Majid</u>	Name:
Cell Phone: [REDACTED]	Cell Phone:
Home Phone:	Home Phone:
*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR)	

BUSINESS HOURS:

Monday	Open: 8am	Close: 11pm
Tuesday	Open: 8am	Close: 11pm
Wednesday	Open: 8am	Close: 11pm
Thursday	Open: 8am	Close: 11pm
Friday	Open: 8am	Close: 11pm
Saturday	Open: 8am	Close: 11pm
Sunday	Open: 8am	Close: 11pm

I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made *not more than ten minutes prior to the start of a program* that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

SIGNATURE: 

Print name and title: Mohammad Abdul Majid (President) Date: 3/14/23

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (licensing@cityofdekalb.com) FAX: 815-748-2304.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, EMAIL OR CALL THE FINANCE DEPARTMENT AT (815) 748-2080.

FOR CITY USE ONLY			
Date Payment Received: <u>Feb/23rd/2023</u>		Establishment License # <u> </u> City of Decatur License # <u> </u>	
Fee Paid: <u>532.⁰⁰</u>	Check #: <u>163</u>	Cash: <input type="checkbox"/>	Online Payment: <input type="checkbox"/>
BL: <u> </u>	BD: <u> </u>	MR: <u> </u>	UB: <u> </u>

City of DeKalb
164 E. LINCOLN HWY
DeKalb, IL 60115

Paid By:
THE SMOKE SHOP NIU 818 INC.
818 W LINCOLN HWY STE. 4
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00012987	03/10/2023
Business ID	
2355	
Cashier	
NINA.SIMS	
Payment Method	
Many	162

License Number	Invoice #	Description	Fee ID	Amount Paid
2023-6458	00014422	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



CERTIFICATE OF LIABILITY INSURANCE

DATE
04/14/2023

PRODUCER

National Insurance Group
11142 S Harlem Ave
Worth, IL 60482
(708)448-4600

INSURED

THE SMOKE SHOP NIU 818 INC DBA THE SMOKE SHOP
818 W LINCOLN HIGHWAY
DEKALB, IL 60115

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A Penn-Star Insurance Company

INSURER B

INSURER C

INSURER D

INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	PAV0420973	03/16/2023	03/16/2024	GENERAL LIABILITY	
				<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	
				<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	
				GENTL AGGREGATE LIMIT APPLIES PER	
				<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
				AUTOMOBILE LIABILITY	
				<input type="checkbox"/> ANY AUTO	
				<input type="checkbox"/> ALL OWNED AUTOS	
<input type="checkbox"/> SCHEDULED AUTOS					
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON - OWNED AUTOS					
				COMBINED SINGLE LIMIT (Ea accident)	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
				WC STATU- TORY LIMITS	OTH- ER
				E. L. EACH ACCIDENT	\$
				E. L. DISEASE - EA EMPLOYEES	\$
				E. L. DISEASE - POLICY LIMIT	\$
					\$
					\$
					\$
					\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

TOBACCO STORE

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

CITY OF DEKALB
164 E LINCOLN HIGHWAY
DEKALB IL 60115

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES



Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number 74076076

Entity Name THE SMOKE SHOP NIU 818 INC.

Status
ACTIVE

Entity Information

Entity Type
CORPORATION

Type of Corp
DOMESTIC BCA

Incorporation Date (Domestic)
Thursday, 2 February 2023

State
ILLINOIS

Duration Date
PERPETUAL

Agent Information

Name

MOHAMMAD ABDUL-MAJID

Address

11150 S HARLEM AVE
WORTH, IL 60482

Change Date

Thursday, 2 February 2023

Annual Report

Filing Date

00/00/0000

For Year

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

THE SMOKE SHOP NIU 818 INC

DBA: THE SMOKE SHOP
THE SMOKE SHOP
818 W LINCOLN HWY STE 4
DEKALB IL 60115-3057

Expiration Date:
2/28/2024

License
Cigarette and Tobacco Products Retailer (CT-25403)

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

ILLINOIS REVENUE
[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **02/08/2023**

Taxpayer Notification

Business Authorization



#BWNKMGV
#CNXX X152 X677 4489#
THE SMOKE SHOP NIU 818 INC
THE SMOKE SHOP
818 W LINCOLN HWY STE 4
DEKALB IL 60115-3057

February 8, 2023



Letter ID: CNXXX152X6774489

License no.: CT-25403

Account ID: 44754760

We have issued your License.

Welcome!

We have issued your Illinois Business Authorization.

Please verify that all of the information on the Business Authorization is correct. If all of the information is correct, you may print a paper copy from a MyTax Illinois account to visibly display at the business address listed.

Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030
REV.CENTREG@illinois.gov**

217 785-3707