



TOBACCO LICENSE APPLICATION

FOR CITY USE ONLY

- Renewal
- New

Annual Fee: \$350.00
(make checks payable to "City of DeKalb")

License Term: July 1 – June 30
Municipal Code, Chapter 64

Business ID: _____
 Invoice No.: _____
 Date Payment Received: _____
 Fee Paid: _____
 Check #: _____
 Cash

BUSINESS INFORMATION (TYPE OR PRINT CLEARLY)

Corporation Name:	
Business Name (dba):	
Business Address:	
Issue License To:	

LICENSE WILL NOT BE ISSUED IF OUTSTANDING DEBTS ARE OWED

Are you registered with the City of DeKalb Finance Division for Restaurant, Bar & Package Liquor Tax?
(If the answer is "No", call (815) 748-2388.) Yes No

Do you have any outstanding debt owed to the City of DeKalb? Yes No

Are there any liens by the City of DeKalb against the property? Yes No

IDENTIFICATION (TYPE OR PRINT CLEARLY)

Business Owner Name:		Address:
		City, State, Zip Code:
Business Manager Name:		Address:
		City, State, Zip Code:

Send correspondence, including renewal applications, to:

Business Owner (via regular mail)
 Business Owner (via email)
 Email Address: _____

Business Manager (via regular mail)
 Business Manager (via email to:
 Email Address: _____

ORIGINAL LICENSE WILL BE MAILED TO THE BUSINESS ADDRESS IT'S TO BE POSTED IN.

If a copy of the license is needed, please provide a valid email address below: (choose one)

Business Owner Email Address: _____

Business Manager Email Address: _____

Other Email Address: _____

NOTE: Incomplete applications, applications without the required fee, and/or applications without the Emergency Contact Sheet will be returned, causing a delay in the receipt of the Tobacco License.

In accordance with the provisions of the City of DeKalb Municipal Code Chapter 64 "Smoking Regulations", I/we, the undersigned, shall not do any of the following:

- Give or sell or otherwise distribute cigarettes or other tobacco products to any minor (a person under the age of eighteen (18) years of age).
- 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 to a person under eighteen (18) years of age is prohibited by law.

Signature: _____ **Date:** _____

Print Name: _____

Return application (*completed in its entirety*), the required fee, and the Emergency Contact sheet (*completed in its entirety*) to:

City of DeKalb, Attention: Licensing, 200 S. 4th Street, DeKalb, Illinois 60115

Questions? Call (815) 748-2090

**DEKALB POLICE & FIRE DEPARTMENTS
EMERGENCY CONTACT INFORMATION – BUSINESS**

<p>BUSINESS INFORMATION</p> <p>Business Name: _____</p> <p>Property Address: _____</p> <p>Telephone No.: () _____</p> <p>Date: _____</p>	<p align="center">FIRE DEPARTMENT INFORMATION To be completed by Fire Prevention Officer</p>																																														
<p>AFTER HOURS EMERGENCY CONTACT INFORMATION Emergency contact personnel will be called in the order listed, beginning at number one and continuing down the list.</p> <p>CONTACT 1. – MANAGER Name: _____ Home Phone: () _____ Cell Phone / Pager: () _____</p> <p>CONTACT 2. – OWNER Name: _____ Home Phone: () _____ Cell Phone / Pager: () _____</p> <p>CONTACT 3. – OWNER Name: _____ Home Phone: () _____ Cell Phone / Pager: () _____</p> <p>CONTACT 4. – _____ Name: _____ Home Phone: () _____ Cell Phone / Pager: () _____</p>	<p>STANDPIPE LOCATION</p> <p>KNOX BOX LOCATION</p> <p>OTHER FIRE DEPARTMENT INFORMATION</p> <p>ADDITIONAL INFORMATION Alarm Company Name: _____ Alarm Company Phone Number: _____</p>																																														
<p>If you have any questions about this form, contact the City of DeKalb Police Department at (815) 748-8400, or the City Manager’s Office at (815) 748-2090.</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th align="center" colspan="3">BUSINESS OPERATING HOURS</th> </tr> <tr> <td style="width:30%;">MONDAY</td> <td style="width:30%;">OPEN: _____</td> <td style="width:30%;">CLOSE: _____</td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">FOR POLICE DEPARTMENT USE ONLY</th> </tr> <tr> <td style="width:50%;"></td> <td style="width:50%;">New Street</td> </tr> <tr> <td></td> <td>New Construction</td> </tr> <tr> <td></td> <td>Established Business / New Address</td> </tr> <tr> <td></td> <td>New Business / Established Address</td> </tr> <tr> <td></td> <td>New Business / New Address</td> </tr> <tr> <td></td> <td>Business Closed</td> </tr> <tr> <td>DATE RECEIVED</td> <td></td> </tr> <tr> <td>BY TC#</td> <td></td> </tr> <tr> <td>DATE CAD MODIFIED</td> <td></td> </tr> <tr> <td>BY TC#</td> <td></td> </tr> </table>	BUSINESS OPERATING HOURS			MONDAY	OPEN: _____	CLOSE: _____	TUESDAY	OPEN: _____	CLOSE: _____	WEDNESDAY	OPEN: _____	CLOSE: _____	THURSDAY	OPEN: _____	CLOSE: _____	FRIDAY	OPEN: _____	CLOSE: _____	SATURDAY	OPEN: _____	CLOSE: _____	SUNDAY	OPEN: _____	CLOSE: _____	FOR POLICE DEPARTMENT USE ONLY			New Street		New Construction		Established Business / New Address		New Business / Established Address		New Business / New Address		Business Closed	DATE RECEIVED		BY TC#		DATE CAD MODIFIED		BY TC#	
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