

CITY OF PLANO

17 E. MAIN STREET

PLANO, IL 60545

TELEPHONE: 630-552-8275

FAX: 630-552-8292

APPLICATION FOR TOBACCO LICENSE

License Fee: \$50.00

Please print

Applicant Corporation Name: _____

DBA Name: _____

Business Street Address: _____

City, State & Zip: _____

Business Phone Number: _____

General Manager Name: _____

General Manager Contact Number; _____ ***Cell*** _____

I, _____ (Name of Applicant), respectfully request a License for the sale of tobacco products within the City of Plano, Kendall County, in the State of Illinois at the business listed above.

Applicant understands this license must be renewed annually, expiring on June 30 each year. Applicant agrees to operate aforesaid place of business in accordance with all ordinances and police regulations of the CITY OF PLANO, as well as any Federal regulations, any regulations contained in the Illinois Compiled State Statutes, and any others that may be enacted during the duration of this license.

Applicant's Signature

Date