License No._____
Customer No._____

TOBACCO PRODCUTS DEALER LICENSE APPLICATION

CITY OF PEKIN
111 South Capitol Street
Pekin, IL 61554

License Year: May 1, 2025- April 30, 2026

1. Name of Owner: _____

   Home Address: _____

   _____

2. Home Telephone Number: (_____)_____

3. Corporation Name: _____

   Doing Business As: _____

   Business Address: _____

   _____

4. Business Telephone Number: (_____)_____

5. Name of Manager: _____

6. Email Address: _____

TOBACCO PRODUCTS DEALERS

TYPE	HOW MANY	FEE	TOTAL AMOUNT DUE
OVER COUNTER	_____	$200 =	$_____

I hereby agree to operate the above-described business in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Pekin. I understand that any false statement could result in the revocation or denial of license.

DATE: _____

SIGNATURE:_____