



VILLAGE OF BEECHER
625 Dixie Hwy/PO Box 1154
Beecher, IL 60401
(708)946-2261 Fax (708)946-3764

APPLICATION FOR TOBACCO LICENSE

Please Return Completed Application to the Village Clerk
License Fee: \$50.00/Year
License Period July 1 through June 30 of the following year

1. Name of Establishment: _____

2. Address of Establishment: _____

Business Phone Number: _____ Fax: _____

Billing Address for License Renewal: _____

3. Illinois Municipal Retailer's Use and Service Occupation Tax Number:

4. **Applicant Information:**

Owner/Proprietor of Establishment: _____

Home Address: _____

Contact Phone Number: _____

Manager of Establishment: _____

Home Address: _____

Contact Phone Number: _____

5. **Owner or Agent for Building:** _____

Business Address: _____

Contact Phone Number: _____

Note: If Applicant is a corporation, give full name and address of registered agent.

I certify that I intend to sell tobacco products in compliance with all applicable City, County, State and Federal laws.

Signature of Applicant

Date

Print Name

Title