



VILLAGE OF Diamond

1950 E. Division St.
Diamond, IL 60416
Ph: 815-634-8149
Fax: 815-634-3149

Annual Fee is \$50.00
for each license and
must be submitted
with Completed
Application

TOBACCO DEALER BUSINESS LICENSE APPLICATION

Please print legibly. All information and supplemental information must be completed and submitted.
Incomplete forms will be returned. Please allow a minimum of five (5) working days for processing.

- New Business
- Renewal
- Change of Ownership
- Expansion

Proposed Opening Date: _____ Date Opened: _____

Business Address: _____

Billing Address: _____

Description of premises that license is being applied for: _____

Provide the following information regarding how the business was created and is owned:

- Individual
- Partnership
- Limited Liability Company (LLC)
- Corporation

Legal Business Name: _____

If this is a partnership, provide the information requested for all partners. If this is an LLC,, provide the information requested below for all members and manager. If the is a Corporation, provide the information requested for all persons holding stock of the corporation and all officers of the corporation. If additional space is needed, please attach a separate page.

**Please note, a business registration application for all businesses must be completed in addition to the tobacco dealer business license application.*

Each Individual, Partner, Member, Manager, Shareholder and Officer ("Applicant") must complete information:

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Work: _____ Home: _____ Cell: _____

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____

Driver's License #: _____ Issuing State: _____

Have you made any similar application (s) for a license on any premises other than the premises described on this application? Yes: _____ No: _____

If yes, please provide (or attach) dates and location of premise(s): _____

Have you ever been convicted of a felony or otherwise disqualified to receive a license by reason of any matter of thing contained in the laws of Illinois or the ordinances of the Village?
Yes: _____ No: _____

If yes, please provide (or attach) dates and conviction details: _____

Have you ever been issued a license by any State or other governmental unit or agency which was suspended or revoked? Yes: _____ No: _____

If yes, indicate date of suspension/revocation, governmental agency and reason for suspension/revocation:

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to provide correct information will be subject to suspension or revocation of the Village of Diamond Tobacco Dealer Business License. I also agree not to violate any of the laws of the State of Illinois or the provisions of the Diamond Tobacco Dealer Business License Ordinance at the business location for which this license is proposed.

Applicant-Print Name

Applicant-Signature

Title of Applicant

Date

Each Individual, Partner, Member, Manager, Shareholder and Officer ("Applicant") must complete information:

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Work: _____ Home: _____ Cell: _____

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____

Driver's License #: _____ Issuing State: _____

Have you made any similar application (s) for a license on any premises other than the premises described on this application? Yes: _____ No: _____

If yes, please provide (or attach) dates and location of premise(s): _____

Have you ever been convicted of a felony or otherwise disqualified to receive a license by reason of any matter of thing contained in the laws of Illinois or the ordinances of the Village?
Yes: _____ No: _____

If yes, please provide (or attach) dates and conviction details: _____

Have you ever been issued a license by any State or other governmental unit or agency which was suspended or revoked? Yes: _____ No: _____

If yes, indicate date of suspension/revocation, governmental agency and reason for suspension/revocation:

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to provide correct information will be subject to suspension or revocation of the Village of Diamond Tobacco Dealer Business License. I also agree not to violate any of the laws of the State of Illinois or the provisions of the Diamond Tobacco Dealer Business License Ordinance at the business location for which this license is proposed.

Applicant-Print Name

Applicant-Signature

Title of Applicant

Date

Each Individual, Partner, Member, Manager, Shareholder and Officer ("Applicant") must complete information:

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Work: _____ Home: _____ Cell: _____

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____

Driver's License #: _____ Issuing State: _____

Have you made any similar application (s) for a license on any premises other than the premises described on this application? Yes: _____ No: _____

If yes, please provide (or attach) dates and location of premise(s): _____

Have you ever been convicted of a felony or otherwise disqualified to receive a license by reason of any matter of thing contained in the laws of Illinois or the ordinances of the Village?

Yes: _____ No: _____

If yes, please provide (or attach) dates and conviction details: _____

Have you ever been issued a license by any State or other governmental unit or agency which was suspended or revoked? Yes: _____ No: _____

If yes, indicate date of suspension/revocation, governmental agency and reason for suspension/revocation:

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to provide correct information will be subject to suspension or revocation of the Village of Diamond Tobacco Dealer Business License. I also agree not to violate any of the laws of the State of Illinois or the provisions of the Diamond Tobacco Dealer Business License Ordinance at the business location for which this license is proposed.

Applicant-Print Name

Applicant-Signature

Title of Applicant

Date

Authorization to Obtain Criminal Background Check

I, _____, the undersigned, do hereby by consent to the performance of a criminal history/background check and the release thereof to the Village of Diamond.

By this consent, I authorize the Grundy County Sheriff's Department or any other Law Enforcement Agency to perform and release the results of the background investigation to the Village of Diamond.

In order to assist this process, I provide the following information about myself (please print clearly):

Full Name: _____

Aliases/Prior Legal Name: _____

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State Issued: _____

Current Address: _____

Phone Number: _____

Signature: _____ Date: _____

A valid picture form of identification will be required, (i.e., Driver's License, State I.D.)

Subscribed and sworn to before me on _____, 20____

Notary Public in and for said County of _____

Village of Diamond- Office Use Only

Date Received: _____ Fee: _____ License Verification _____ Background Check _____

Date Approved: _____ Approved By: _____