



City of Evanston  
City Collector's Office  
2100 Ridge Avenue  
Evanston Illinois 60201

### Application to Affix Cigarette Tax Stamps

Date \_\_\_\_\_

**The undersigned corporation hereby applies to the City of Evanston for appointment as an authorized agent for the purpose of affixing City of Evanston Cigarette Tax Stamps to packages of cigarettes in accordance with the applicable provisions of the Municipal Code of the City of Evanston and the rules and regulations adopted by the Finance Director which agency shall continue until terminated by mutual consent or by the operation of law, and certifies to the following information:**

**Applicant's Corporate Name** \_\_\_\_\_

**Address of Business** \_\_\_\_\_

**Date of Incorporation** \_\_\_\_\_ **under the laws of the State of** \_\_\_\_\_

**Name and Address of Registered Agent** \_\_\_\_\_

\_\_\_\_\_

**Objects of incorporation as set forth in charter** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if more space is needed please attach an additional sheet)

**State names of corporate officers as indicated, with their respective residence addresses, giving street number, city and state: (if more space is needed please attach an additional sheet)**

**President** \_\_\_\_\_

**Secretary** \_\_\_\_\_

**Vice - President** \_\_\_\_\_

**Treasurer** \_\_\_\_\_

**Director** \_\_\_\_\_

**Director** \_\_\_\_\_

**State Principal Business** \_\_\_\_\_

\_\_\_\_\_

**Name and Address of bank with which you transact business** \_\_\_\_\_

\_\_\_\_\_

**List Two Business references**

\_\_\_\_\_

\_\_\_\_\_

**Is the applicant engaged in the business of selling cigarettes at wholesale?** \_\_\_\_\_

**If so, give the wholesale tobacco dealer license number and name of issuing agency.** \_\_\_\_\_

\_\_\_\_\_

**Has any officer, manager, or Director of the applicant organization ever been convicted of any felony under Federal Law?** \_\_\_\_\_

**If so, give date and state the offense** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Telephone Number** \_\_\_\_\_

**(CORPORATE SEAL)** \_\_\_\_\_

**Corporate Name**

**Attest:** \_\_\_\_\_ **By** \_\_\_\_\_

**Secretary**

**President**

**- AFFIDAVIT -**

**STATE OF ILLINOIS)**

**ss.**

**COUNTY OF COOK )**

We the undersigned, president and secretary of the above named corporation, each being first duly sworn, say that each of us has read the foregoing application and that the statements therein are true and correct and are made upon personal knowledge and information and are made for the purpose of inducing the City of Evanston to appoint the applicant corporation as an authorized agent for the purpose aforesaid.

We further swear or affirm that the applicant will not violate any Ordinances of the City of Evanston, any laws of the State of Illinois or the United States of America, in the discharge of the duties and obligations of a duly appointed and authorized agent of the City of Evanston in affixing the City of Evanston Cigarette Tax Stamps.

We further swear or affirm that we are the duly constituted and elected officers of the said applicant which is qualified to act as said agent and we as such are authorized to execute this application for and on behalf of said applicant.

SEAL

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Secretary**

**Subscribed and sworn to before me this \_\_\_\_\_ day**

**of \_\_\_\_\_ 2 \_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**My commission expires: \_\_\_\_\_**