



Retail Tobacco Vendor License Application

Evanston Health Department, 2100 Ridge Ave., Evanston, IL 60201
Phone (847) 866-2947 Fax (847) 448-8134

How to Apply: Provide all required information and return to address above. For questions, contact Ellyn Golden, Environmental Health Licensing Coordinator, egolden@cityofevanston.org or (847) 866-2947. License fee per calendar year: \$500.

PART 1: THE BUSINESS WHERE TOBACCO PRODUCTS WILL BE SOLD

Name of Business _____

Business Street Address and Zip Code and Phone Number _____

Is this business currently licensed by the City of Evanston as a general business or food establishment? ___ YES ___ NO

If YES, provide the current valid license number. _____

For example: 09BLC-0134, 10FOOD-0294

PART 2: THE OWNERSHIP OF THE BUSINESS

If a **CORPORATION or LLC**: IL Business Tax Number _____ IL File Number _____

Name of Corporation or LLC: _____

If a **PARTNERSHIP**: IL Business Tax Number _____

Name of Partnership: _____

A Partnership is an association of two or more persons who carry on as co-owners a for-profit business entity.

If a **SOLE PROPRIETORSHIP**: Social Security number under which taxes are filed _____

Name of Sole Proprietorship: _____

A Sole Proprietorship is a businesses defined under state law as being owned by an individual or husband and wife.

NOTE: Partnerships and Sole Proprietorships that conduct business in Cook County are required to file assumed names with the Clerk's office. Web <http://www.cookcountyclerk.com/vitalrecords/busnamereg/Pages/RegisteringAnAssumedName.aspx> or call (312) 603-5652 or email Vital.Records@cookcountyil.gov.

PART 3: THE APPLICANT

Name of Person _____

Relationship to Business _____

Home Address or Business Address (include business name) *MAY NOT BE THE ADDRESS OF THE BUSINESS TO BE LICENSED* _____

Phone Number and Email _____

PART 4: THE LICENSE AND LICENSE RENEWAL

The license expires December 31, is non-transferable and shall be posted in a location easily visible to customers. The license is renewed annually by an invoice sent by the City of Evanston Health Department to the business establishment unless you provide an alternate billing address.

PART 5: DECLARATION

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

Signature _____

Date _____