

CITY OF ROCK ISLAND

LICENSE APPLICATION



TOBACCO DEALER

License Year: May 1 through April 30

New Application _____

Renewal _____

Fee: \$125/per year

APPLICANT INFORMATION

BUSINESS NAME (as registered)	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

NAME – OWNER (as registered)	HOME ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

I, the undersigned, have read the Ordinance of the City of Rock Island pertaining to the sale of tobacco products within the City of Rock Island. I agree to abide by the rules and regulations as stated therein.

Signature of Applicant

Date of Application

CITY OF ROCK ISLAND

LICENSE APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**