



**For Office Use Only:**  
 Date Application Received \_\_\_\_\_  
 Fee paid \$ \_\_\_\_\_  
**Application: Approved**   
 Date of Approval: \_\_\_\_\_  
 License # \_\_\_\_\_  
 Effective: \_\_\_\_\_ Expires: \_\_\_\_\_

The License fee of \$100 shall be payable in advance by the applicant for a license at the time the application for a license is submitted to the City of Greenville, as stated in Ordinance No. 2877, section 22-1-4.

**CITY OF GREENVILLE  
 TOBACCO RETAILER LICENSE APPLICATION  
 (tobacco retailer license is non-transferable)**

The undersigned hereby make(s) application for the issuance of a city tobacco retailer license for the sale of tobacco products, and hereby certify(ies) to the following facts:

Date:	
Business Name:	Corporate Name:
Business Address:	Corporate Address:
Business Phone:	Corporate Phone:
Business Fax:	Corporate Fax:
Business Contact:	Corporate Contact:
1. Are warning signs currently posted at the establishment?	
2. Is the establishment more than 100 feet from the property line of any school, child care center of educational or recreational building used by persons under the age of 18?	
3. Are all tobacco products kept in a locked case or area restricted from the public?	
4. State principal kind of business:	

I (or we), hereby swear (or affirm), that I (or we) will not violate any of the ordinances of the City of Greenville or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 Date

**Remit to:**  
 City of Greenville  
 Attn: Tobacco Retail License  
 404 S. Third St.  
 Greenville, IL 62246