

Mary Jo Pemberton

City Clerk

Rebecca Barbour

Deputy City Clerk



City of Mt. Vernon

1100 Main PO Box 1708

Mt. Vernon, IL 62864

cityclerk@mtvernon.com

618-242-5000

FAX 618-242-6867

www.mtvernon.com

APPLICATION FOR TOBACCO RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS

Pursuant to Chapter 112

CITY OF MT. VERNON, ILLINOIS

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

ITEMS TO BE SOLD: _____

LOCATION OF SALE: _____

OWNER OF PROPERTY: _____

HAS THE APPLICANT BEEN CITED FOR VIOLATIONS OF ANY STATUTE/ORDINANCES PERTAINING TO THE SALE OF TOBACCO PRODUCTS WITHIN THE LAST 12 MONTHS?

_____ YES _____ NO

A COPY OF ILLINOIS RETAIL SALES TAX PAPERS MUST BE ATTACHED

Date

APPLICANT'S SIGNATURE

DATE OF ISSUE: _____

LICENSE #: _____

COST: no fee if violation free

EFFECTIVE DATE: _____