

Tobacco License Application

Return To: City Clerk
City of Wheaton
P.O. Box 727
Wheaton, IL 60189-0727

Phone: 630-260-2012
Fax: 630-260-2017

Please choose one: New Business Application Renewal Application

Business Legal Name: _____

Doing business as (d/b/a) or corporate name (if different from above): _____

Business Address: _____ Owned Leased

Business Phone: _____ Illinois Sales Tax #: _____

Type of Business: _____

Owner Information:

Name (Please Print): _____

Home Address: _____ Home Phone: _____

Email Address: _____

License Mailing Address (if different from business address): _____

Manager Information (If manager is different from owner):

Name: _____ Home Phone: _____

Home Address: _____

Email Address: _____

Is County, State or Federal Registration, License or Other Approval Required? Yes No

(If Yes, Explain; attach sheet to this form)

Application Date: _____

Signature of Applicant: _____ Title: _____

For Office Use Only:

Date Received: _____ License No.: _____

*Please Note: Your Business May Be Subject to a Business License, Call 630-260-2028 (Finance Dept.)