

Customer No. \_\_\_\_\_



## TOBACCO LICENSE APPLICATION

**VILLAGE OF NORTH AURORA**  
**25 E. STATE STREET, NORTH AURORA, IL 60542**  
**PHONE: 630-897-8228 / FAX: 630-897-8258**  
[WWW.NORTHAURORA.ORG](http://WWW.NORTHAURORA.ORG)

Application Date: \_\_\_\_\_

Annual License Fee: \$105.00

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_  
 (city) (state) (zip)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_ Applicant Phone: \_\_\_\_\_  
 (city) (state) (zip)

Is Applicant the Owner or Manager of this business: \_\_\_\_\_

The undersigned being duly sworn by oath, states as follows: that the applicant is personally familiar with the facts and requirements set for in the North Aurora Village Code, Chapter 5.40 Regulations and Inspection of Tobacco.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 (for office use)

**Tobacco License approved:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_