



Finance Department- Accounts Receivable
City Hall, 419 Fulton Street, Suite 111
Peoria, IL 61602
Phone: (309) 494-8588

TOBACCO RETAIL BUSINESS LICENSE APPLICATION



IMPORTANT: This application will be considered complete for a new application only when all sections have been completed in their entirety. A non-refundable filing fee of \$150.00 is due for all new applications upon submission.

Yearly renewal licenses and application changes need to complete sections that need to be amended or changed from the original application. The certification in every application for a renewal or application change needs to be completed for the 2024 calendar year.

All fees for Class 1 & Class 2 license for a yearly renewal must be paid at the time the application is submitted. This includes any amounts due and owing to the City by the applicant(s).

Any application for a Class 2 license submitted after September 26, 2023 will owe fees, other than the \$150 non-refundable filing fee which will be due upon submission of the application, upon approval of the special use permit for the site by City Council. This includes any amounts due and owing to the City by the applicant(s).

The City of Peoria cannot begin processing a new application until fingerprints are submitted for all applicant(s).

A photocopy of a government issued identification card for each applicant must be provided with the application.

NOTE: "Class 1" shall mean a person or business who sells tobacco or alternative nicotine products to individuals for personal consumption or who operates a facility containing vending machines that dispense tobacco or alternative nicotine products or self-service displays of tobacco or alternative nicotine products with less than 50% of gross sales being tobacco or alternative nicotine products.

"Class 2" shall mean a person or business who sells tobacco or alternative nicotine products to individuals for personal consumption or who operates a facility containing vending machines that dispense tobacco or alternative nicotine products or self-service displays of tobacco or alternative nicotine products with 50% or more of gross sales being tobacco or alternative nicotine products.

Class 1- \$500/ yearly

Class 2- \$1,000/ yearly

There is no proration of the yearly fee during the initial year of the application being approved.

"Vending Machine" shall mean any mechanical, electric or electronic, self-service device which, upon insertion of money, tokens or any other form of payment, dispenses tobacco or alternative nicotine products.

A license fee for a vending machine shall be deemed a Class 1.

I am requesting a:

New License License Renewal
License # (if known) _____

Office Use Only: License Year: ____ (YYYY)

What type of license are you applying for?

Application Date: _____

Class 1 Class 2

1. Business Information

Select the option that best describes your business:

Corporation LLC Partnership Proprietorship Individual Other: _____

Business Name: _____ DBA _____

Date of Incorporation: _____ State of Incorporation: _____

Business Mailing Address: _____

Business Location: _____

Business Phone: _____ Business Website: _____

Business Email: _____ Sales Tax (IBT) # _____

State License # _____ Date Issued: _____

FEIN # _____

2. Applicant Information

List the owner/applicant information. For a proprietorship or partnership, list the information for all owner(s). For a corporation or limited liability corporation, list the information for each officer, director, manager, and any stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation. Add additional sheets if necessary. **All persons listed must sign the application.**

Name of Applicant: _____

Alias Names: _____

Date of Birth: _____ Driver's License or Alternate Government ID # _____ State _____

Email: _____ Phone # _____

Name of Applicant: _____

Alias Names: _____

Date of Birth: _____ Driver's License or Alternate Government ID # _____ State _____

Emails: _____ Phone # _____

3. Have any of the applicant(s) in Section 2 been convicted of a criminal act or ordinance violation (other than cannabis, traffic, or parking offenses)? Yes No

If yes, explain in detail: The name of the applicant, conviction, date, and prosecuting jurisdiction (attach additional sheets if necessary):

4. Have any of the applicant(s) had a business application or license denied, suspended or revoked?

Yes No

If yes, explain in detail: the name of the applicant, including the date, application or license type, and jurisdiction:

5. Does the business own the building / store front? Own Lease

If you lease, please provide the following information:

Name of Building Owner: _____

Address of Building Owner: _____

Business Phone: _____ Email: _____

6. Will the business be supervised and/or conducted by a manager? Yes No

If yes, please provide the following information:

Name of Supervisor or Manager: _____

Manager Address: _____

Phone: _____ Date of Birth _____ Email: _____

7. Certification

I, the undersigned, certify and hereby agree to operate the above referenced business in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria. I understand any false statements could result in the revocation or denial of license. I understand I cannot operate prior to receiving and posting the license.

I, the undersigned, hereby certify and agree that for any new application, renewal, or application change of a tobacco retail license, the City Comptroller may demand supporting documentation from a prospective license holder or current license holder to support their yearly fee payment. This documentation may include records or documents relating to tax returns (TP-1, ST-1 etc.). Approval of a new license, renewal, or application change of a license will not be granted unless said requested documentation is received, reviewed, and approved by the City Comptroller. Any information provided will be held by the City Comptroller confidentially.

I, the undersigned, further certify that to the best of my knowledge and due diligence that the location of the business applying for this license is more than three hundred and fifty (350) feet from the property line of any public, private or parochial elementary, middle or secondary schools. Distance for the purpose of this certification is being measured from the property line of the business to the property line of any of the above.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Makes checks payable to City of Peoria

Deliver to: Office of Accounts Receivable
419 Fulton St. Rm. 111
Peoria, IL 61602
Questions: (309) 494-8588 or email:
AR@peoriagov.org