

**CITY OF CREST HILL**  
1610 Plainfield Rd., Crest Hill, IL 60403  
815-741-5100

**TOBACCO PRODUCT LICENSE APPLICATION**

Application is hereby made to the City Clerk of the City of Crest Hill for issuance of a Tobacco Product License, pursuant to the ordinances of the City and laws of the State of Illinois. In support of said application, the undersigned being duly sworn, does state as follows:

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

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

Applicant's Full Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Business Phone# \_\_\_\_\_ Home Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_

**2012 License Fee \$250.00**

I agree to abide by the laws, ordinances and regulations pertaining thereto.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_