



CITY OF SALEM, ILLINOIS
APPLICATION
FOR TOBACCO RETAILER'S LICENSE

File Completed Application with the Mayor
At the office of the City Clerk
Salem City Hall
101 South Broadway
Salem, Illinois 62881

For City Use Only
Application Reviewed By:

- ☐ Mayor
☐ Chief of Police

Annual License Fee \$100.00

- ☐ Fee Waived
☐ Fee Paid _____

Compliance Check Passed or
Violation:

- 1.
- 2.
- 3.

Annual License fee for Tobacco Retailer's License is \$100.00 for each tobacco retail location. The **license fee will be waived if licensee is free of any violation.** A violation will initiate the licensing fee.

1. a. Applicant's Name _____
(Corporation name if doing business as corporation.)
b. Mailing Address: _____
c. Phone Number: _____
2. Name under which business is to be conducted _____
3. Location of place of business for which license is being sought: _____
4. a. Local Manager Name _____
b. Local Manager Phone Number _____
c. Address of Manager _____

AFFIDAVIT

STATE OF ILLINOIS)
) ss
COUNTY OF MARION)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the City of Salem or the laws of the State of Illinois or the laws of the United States of American, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

Applicant or Authorized Agent, Title

Subscribed and Sworn to
before me this _____
day of _____, 20____

Notary Public