



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
708-403-5300

BL- _____

APPLICATION FOR TOBACCO PRODUCTS/ DEALER LICENSE

Application must be accompanied by a non-refundable \$275.00 application fee

IF THIS INFORMATION IS NOT COMPLETE AND TYPED, THIS APPLICATION WILL BE REJECTED.

Business Information

Legal Business Name:		
Doing Business As (d/b/a):		
Orland Park Address:		Unit/Suite:
		Zip:
Business Phone:	Onsite Contact:	
Email (invoices will be sent here):		
Mailing Address	Address:	Apt/Suite:
	City/State/Zip:	
After hours Contact Name & Phone #:		
Business Days and Hours of Operation:		
This Business Location is: <input type="checkbox"/> New <input type="checkbox"/> Already Open		
Change of: <input type="checkbox"/> Ownership <input type="checkbox"/> Name <input type="checkbox"/> Use		

YES NO

		Is indoor smoking proposed? If yes, please refer to Village Code 6-2-2-12
		Has Applicant ever been subject to suspension or revocation of a tobacco license in the Village of Orland Park or another community?

How will Tobacco be sold? Over the Counter Vending Machine

Business Ownership Individual Partnership LLC LTD Corporation

*If **Individual**, list Owner only. *If **Partnership**, list all Owners. *If **LLC**, list all Members.

*If **Privately Held Corporation, Partnership, or Association**, list all Principal Officers.

*If **Publicly Held Corporation**, list President, Vice President, Secretary, & Treasurer.

Legal Name:	Title:	% of Ownership
Email:	Date of Birth:	
Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	

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Home Address:		
Home City/State/Zip		
Cell Phone:	Driver's License #:	

If there are additional partners or principals attach their above information on a separate sheet.

APPLICABLE VILLAGE CODES

This license is granted on the express condition that the said commercial business shall, in all respects, conform to all Ordinances of this jurisdiction including the Land Development Code, regulating the occupancy and use of buildings, and may be revoked at any time upon violation of any provision of said ordinances.

ANNUAL LICENSE INSPECTIONS

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

FALSIFICATION OF INFORMATION

Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For more information or questions, please call the Development Services Department.

<p>I have read this application and answered all questions completely and truthfully to the best of my knowledge.</p> <p>The undersigned hereby applies to the Development Services Department of the Village of Orland Park, IL for a permit to occupy the structure or part thereof herein described and a license to operate a commercial activity in the Village, and if granted the permit and license applied for, I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.</p>			
			<input type="checkbox"/> Business
Owner			
Printed name: _____			<input type="checkbox"/> Legal Agent
Signature: _____			
Date: _____			
Village Use 04/07/2023	Reviewed By:	<input type="checkbox"/> Fee Exempt – Classification _____	BL-

This information will be kept confidential to the extent permitted by law.

Any required fees or monies owed by the applicant to the Village must be paid as a condition of approval.