



City of
Edwardsville
Third City in Illinois

License No. _____

Department of Finance
Jeanne Wojcieszak

City of Edwardsville
Application for License to Sell
Tobacco/Alternative Nicotine Products

Business Name _____

Business Address _____

Business Phone _____

Location/Address to be operated under this license _____

Business Owner's Name _____

Business Owner's Address _____

Business Owner's Phone _____

Business Owner's email address _____

Current Liquor License Holder **YES** **NO**

Signature of Business Owner _____

Date

For Office Use

Approved _____ **Denied** _____

Mayors Signature

Date

Date License Issued _____ **License Fee** _____ **Date Paid** _____

**Per Ordinance No. 6110-07-19 (Tobacco Products and Tobacco Accessories License),
fee amount is \$50.00 per year.**