



*City of*  
**Edwardsville**  
*Third Oldest City in Illinois*

License No. \_\_\_\_\_

**City of Edwardsville  
Application For  
Tobacco/Alternative Nicotine Products License**

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

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

Business Phone \_\_\_\_\_

Location/Address which is 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  
\_\_\_\_\_

Date License Issued \_\_\_\_\_ License Fee \_\_\_\_\_ Date Paid \_\_\_\_\_

Approved \_\_\_\_\_

Reference Ordinance No. 6058-11-17 (Tobacco Products and Tobacco Accessories License) Fee amount \$50.00 per year