



- This BIS pre-application form is for **IN-PERSON** City of Chicago business license applicants' use at the **Small Business Center** only.
- BIS forms submitted via mail or email will **NOT** be processed; instead please use the [Chicago Business License Application System](#) online.

Type of PRE-Application Business License Public Way Use

Adding a new site Change of Location* | Account # Site #

* PLEASE NOTE THAT PUBLIC WAY PERMITS AT YOUR PREVIOUS SITE MUST BE CANCELLED, AND PROOF OF REMOVAL IS REQUIRED.

Business Entity Information

Type of Business Sole Proprietor Partnership LLC Corporation Non-Profit Trust Other _____

Legal Name of Business

The exact "legal name" as it appears in the official business formation documentation.

- For Sole Proprietors, this is the full name of the business owner as it appears on their valid government-issued photo ID.
- For General Partnerships, this is the full name of each business owner as it appears on their valid government-issued photo ID.
- All other business entity types must use the legal name, and DBA (below), as it appears in the official registration documentation.

"Doing Business As" Name

The exact "Doing Business As" (DBA) name as it appears in the official business formation documentation.

Sole Proprietors or General Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office in the lower level of the Daley Center, 50 W. Washington, Chicago, (312) 603-5652, or @ www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.

▼ A State of Illinois File Number & Date are **REQUIRED** for all (Illinois & Non-Illinois based) Corporations/Not For Profits, LLCs, LLPs, LPs.

State of Illinois File # Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, (312) 793-3380, or @ www.cyberdriveillinois.com/departments/business_services/

Incorporation/File Date - - May be found in your Articles of Incorporation (for Corporation/Not For Profit Corporation); Articles of Organization (for Limited Liability Company [LLC]); Statement of Partnership Authority (for Limited Liability Partnership [LLP]); or Certificate of Limited Partnership (for Limited Partnership [LP]).

▼ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification # - Assigned by the Internal Revenue Service at 230 S. Dearborn St., (312) 292-4912 or (800) 829-4933, or @ www.irs.gov/businesses > Employer ID Numbers (EINs)

▼ An Account ID Number is **REQUIRED** for ALL business entity types that conduct business in the state of Illinois or with Illinois customers.

(formerly IBT #) IDOR Account ID # - Assigned by the Illinois Department of Revenue at 100 W. Randolph St., (800) 732-8866, or @ <http://tax.illinois.gov/Businesses/index.htm> > Business Registration

Public Way Use Item Sign Awning Canopy Marquee Banner Sidewalk Cafe Other _____

Public Way Use Permit # Public Way Use Account #

Business Activity and Location

Business Activity

List your business activities, including all products and/ or services to be offered.

If selling goods, what type of sales? Retail (Consumers Only) Wholesale (Business to Business Only) Both

Business Site Address

Provide the full business location address where the business transactions and/or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main St.).

Street Number(s)	N/S/E/W	Street Name	Ave./St.	Ste./Apt. #	Floor#
City		State	ZIP Code		

Square footage used by the business: SQ. FT. Amount of employees at this site:

Primary Business Contact Information

First Name		Middle Name	Last Name
Home Phone ()	Fax Number ()	Email Address	

Owner and Officer Information (as required per 4-4-050 of the Municipal Code of Chicago)

- Sole Proprietors are required to provide information about the Individual who owns the business.
- General Partnerships, Limited Partnerships and Limited Liability Partnerships are required to provide information about all the Partners of the organization.
- Limited Liability Companies are required to provide information about the organization's Members, and any other shareholder(s) with a major beneficial interest.
- Corporations are required to provide information about the organization's President, Secretary, and any other shareholder(s) with a beneficial interest.
- Not for Profit Corporations are required to provide information about the organization's President and Secretary.

Proof of identification may be required to complete the actual application.

Ownership % Title: Sole Proprietor Partner President Managing Member Other:

First Name		Middle Name	Last Name
Current Residential Address		Suite/Apt. #	City State ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address

Ownership % Title: Secretary Partner Managing Member Other:

First Name		Middle Name	Last Name
Current Residential Address		Suite/Apt. #	City State ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address

Ownership % Title: Vice President Member Other:

First Name		Middle Name	Last Name
Current Residential Address		Suite/Apt. #	City State ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address

Ownership % Title: Treasurer Member Other:

First Name		Middle Name	Last Name
Current Residential Address		Suite/Apt. #	City State ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address

Ownership % Title: Shareholder Other:

First Name		Middle Name	Last Name
Current Residential Address		Suite/Apt. #	City State ZIP Code
Home Phone ()	Social Security Number / ITIN - -	Date of Birth / /	Email Address



FORM REQUIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses: Liquor (1470, 1473, 1474, 1475, 1478, 1479, 1480, 1481), Amusement (1046, 1050, 1056), Hotel (1370), Massage Establishment (1524), or Day Care (1584, 1585, 1586, 1587)

INSTRUCTIONS: Complete the 4 parts below, being sure to follow all printed instructions carefully. If a section does not apply, mark it "N/A". If more room is needed to complete any of the following sections, include an attachment. This form must be signed in Part 4 by an owner or officer listed with the Department of Business Affairs & Consumer Protection.

PART 1 INFORMATION				▶ PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S)				
[BACP] BUSINESS ACCT-SITE #		[IRS] EIN #		[IDOR] IL ACCOUNT ID #		[ISOS] IL FILE #		
[APPLICANT ENTITY] BUSINESS LEGAL NAME				BUSINESS "DOING BUSINESS AS" (DBA) NAME				
[PRIMARY BUSINESS CONTACT] FIRST NAME		MIDDLE NAME		LAST NAME				
[PRIMARY BUSINESS CONTACT] CURRENT RESIDENTIAL ADDRESS				SUITE/APT	CITY		STATE	ZIP CODE
HOME PHONE ()		WORK PHONE ()		MOBILE PHONE ()		E-MAIL ADDRESS		

PART 2 EXPENSES		▶ ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION	
Description of Expenses (start-up, expansion, and/or business purchase costs only: construction, renovation, stock purchase, inventory, etc.)	Amount of Expense		
	▶ \$		
	▶ \$		
	▶ \$		
	▶ \$		
	▶ \$		
	▶ \$		
	▶ \$		
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	▶ \$		
	▶ \$		
Total Expenses: <i>(Should be equal to or less than Total Business Financing amount on page 3)</i>		▶ \$	



PART 3 FINANCING

► IDENTIFY THE SOURCE(S) OF THE FUNDS USED TO PAY FOR THE EXPENSES LISTED IN PART 2

a BUSINESS SAVINGS & CHECKING

► Identify any funds from business accounts used to fund expenses listed in Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	\$ Drawn for Business
				▼ \$	▼ \$
				▼ \$	▼ \$
				▼ \$	▼ \$
				▼ \$	▼ \$

Total dollar amount drawn from business accounts: **a** ▼ \$

Description of Source (identify the sources) of the money in the accounts listed above	Contribution Frequency	Contribution Amount
		▼ \$
		▼ \$
		▼ \$
		▼ \$

b PERSONAL SAVINGS & CHECKING

► Identify any funds from personal accounts used to fund expenses listed in Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	\$ Drawn for Business
				▼ \$	▼ \$
				▼ \$	▼ \$
				▼ \$	▼ \$
				▼ \$	▼ \$

Total dollar amount drawn from personal accounts: **b** ▼ \$

Description of Source (identify the sources) of the money in the accounts listed above	Contribution Frequency	Contribution Amount
		▼ \$
		▼ \$
		▼ \$
		▼ \$

c LOANS FROM FINANCIAL INSTITUTIONS

► Identify any loans from financial institutions used to fund expenses listed in Part 2

Account Number	Financial Institution	Loan Date	Loan Term	Cosigners of Loan	Loan Amount
					▼ \$
					▼ \$
					▼ \$
					▼ \$

Total dollar amount loaned by financial institutions: **c** ▼ \$

d LOANS FROM INDIVIDUALS

► Identify any loans from individuals used to fund expenses listed in Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
			%	▼ \$
			%	▼ \$
			%	▼ \$
			%	▼ \$
			%	▼ \$

Total dollar amount loaned by individuals: **d** ▼ \$



e SECURITIES ▶ Identify any securities (e.g. stocks, bonds, certificates of deposit, etc.) sold to fund expenses listed in Part 2

Name of Security	Buy Date	Sell Date	# of shares	Price	Ticker	Amount Invested
						▶ \$
						▶ \$
						▶ \$
						▶ \$

Total dollar amount drawn from the sale of securities: **e** ▶ \$

f GIFTS FROM INDIVIDUALS ▶ Identify any gifts from individuals used to fund expenses listed in Part 2

Name of Giver	Date of Gift	Source of Funds for Gift	% Investment	Amount
			%	▶ \$
			%	▶ \$
			%	▶ \$
			%	▶ \$

Total financing from gifts: **f** ▶ \$

g GIFTS/GRANTS FROM INSTITUTIONS ▶ Identify any gifts and/or grants from institutions used to fund expenses listed in Part 2

Institution	Address (Street, City, State)	Contact Name & Phone	Grant Date	Amount Gifted
				▶ \$
				▶ \$
				▶ \$
				▶ \$

Total money received from institutional gifts and/or grants: **g** ▶ \$

h OTHER FINANCING ▶ Identify any other financing (e.g. credit cards, etc.) used to fund expenses listed in Part 2

Description of Financing	Amount Financed
	▶ \$
	▶ \$
	▶ \$

Total money drawn from other financing: **h** ▶ \$

= FINANCING TOTALS ▶ Sub-total all funds (sections "a" through "h") used to fund expenses listed in Part 2

Business Accounts	a ▶ \$	Gifts from Individuals	f ▶ \$
Personal Accounts	b ▶ \$	Gifts/Grants from Institutions	g ▶ \$
Loans from Financial Institutions	c ▶ \$	Other Financing	h ▶ \$
Loans from Individuals	d ▶ \$	TOTAL BUSINESS FINANCING (sum a:h)*	= ▶ \$
Securities	e ▶ \$	<i>* should be equal to or greater than total amount of expenses listed in Part 2</i>	

PART 4 ACKNOWLEDGEMENT ▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I. I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and, correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Chicago reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my Applicant will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued.

II. I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF BUSINESS OWNER/OFFICER	TITLE	SIGNATURE OF BUSINESS OWNER/OFFICER	DATE
		X	



FORM REQUIRED: For any individual undergoing a background check in relation to a City of Chicago business license.

INSTRUCTIONS: Provide the information requested below. This form must be signed by the individual whose information is provided, and **A PHOTOCOPY OF CURRENT GOVERNMENT-ISSUED PHOTO ID MUST ALSO BE INCLUDED FOR THE INDIVIDUAL.**

PERSONAL INFORMATION

▶ PROVIDE THE FOLLOWING PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		MAIDEN NAME (IF APPLICABLE)		SUFFIX	
CURRENT RESIDENTIAL STREET ADDRESS				SUITE/APT	CITY		STATE	ZIP CODE	
HOME PHONE () ()		WORK PHONE () ()		MOBILE PHONE () ()		EMAIL ADDRESS			
SSN OR ITIN - -		PLACE OF BIRTH		AGE	DATE OF BIRTH / /		JOB TITLE	RELATIONSHIP TO APPLICANT	
HEIGHT FT IN	WEIGHT LBS	HAIR COLOR	EYE COLOR	SEX		DRIVER'S LICENSE OR STATE ID NUMBER			
HAVE YOU EVER BEEN FINGERPRINTED FOR A CHICAGO BUSINESS LICENSE? ▶				<input type="checkbox"/> NO	<input type="checkbox"/> YES*	* IF YES, PROVIDE YEAR FINGERPRINTED ▶			

MARITAL HISTORY

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARITAL HISTORY

CURRENT MARITAL STATUS ▶		<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> MARRIED*	<input type="checkbox"/> DIVORCED*	* IF MARRIED/DIVORCED, PROVIDE SPOUSE/EX-SPOUSE NAME BELOW:			
[SPOUSE OR EX-SPOUSE] FIRST NAME		MIDDLE NAME		CURRENT LAST NAME		MAIDEN NAME/MARRIED NAME		SUFFIX	
NOTE: IF YOU ARE APPLYING FOR A LIQUOR LICENSE AND YOU OWN 5% OR MORE INTEREST , EITHER DIRECTLY OR INDIRECTLY, IN THE APPLICANT ENTITY, THEN YOUR CURRENT SPOUSE MUST COMPLETE A SPOUSAL AFFIDAVIT (SPA) FORM AND PROVIDE A PHOTOCOPY OF CURRENT GOVERNMENT ISSUED PHOTO ID.									

CRIMINAL HISTORY

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL HISTORY (INCLUDE AN ATTACHMENT, IF NECESSARY)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ▶		<input type="checkbox"/> NO	<input type="checkbox"/> YES*	* IF YES, PROVIDE ALL CRIMINAL CONVICTIONS BELOW:					
TYPE OF OFFENSE		CONVICTION DATE		PENALTY/SENTENCE			JURISDICTION (STATE & COUNTY)		
		/ /							
		/ /							

EMPLOYMENT HISTORY

▶ PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY FOR THE **PAST 5 YEARS** (INCLUDE AN ATTACHMENT, IF NECESSARY)

EMPLOYER NAME (MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()		
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE	
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	
EMPLOYER NAME (SECOND MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()		
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE	
JOB TITLE		TYPE OF WORK			EMPLOYED FROM / /		EMPLOYED TO / /	

ACKNOWLEDGEMENT

▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF APPLICANT		SIGNATURE OF APPLICANT		DATE	
		X			



FORM REQUIRED: For any application to add a manager to a site with an active or pending license that requires fingerprint review.

INSTRUCTIONS:

- Provide the requested information below.
- This form must be signed by the manager of the establishment applying for a business license that requires fingerprint review.
- All managers must provide a copy of their government-issued photo identification; all managers of liquor establishments must also provide proof of **BASSET certification**.
- This form must be accompanied by a letter, signed by an authorized owner/officer listed on the account, stating the appointment of the individual, listed on this form, as a site manager; and
- The manager authorization letter should be on company letterhead (when possible), and be accompanied by a photocopy of the signing owner/officer's government-issued photo identification.

PERSONAL INFORMATION		▶ PROVIDE THE FOLLOWING PERSONAL INFORMATION					
FIRST NAME	MIDDLE NAME	LAST NAME		MAIDEN NAME (IF APPLICABLE)		SUFFIX	
CURRENT RESIDENTIAL STREET ADDRESS			SUITE/APT	CITY		STATE	ZIP CODE
HOME PHONE () ()	WORK PHONE () ()		MOBILE PHONE () ()		EMAIL ADDRESS		
SSN OR ITIN - -	PLACE OF BIRTH		AGE	DATE OF BIRTH / /		TITLE <input type="checkbox"/> MANAGER <input type="checkbox"/> REPRESENTATIVE	
HEIGHT FT IN	WEIGHT LBS	HAIR COLOR	EYE COLOR	SEX	DRIVER'S LICENSE/STATE ID NUMBER		
HAVE YOU EVER BEEN FINGERPRINTED FOR A CHICAGO BUSINESS LICENSE? ▶			<input type="checkbox"/> NO	<input type="checkbox"/> YES*	*IF YES, YEAR OF PRINTING ▶		

BUSINESS INFORMATION		▶ PROVIDE THE FOLLOWING INFORMATION ABOUT THE ESTABLISHMENT YOU WILL BE REPRESENTING					
BUSINESS ACCOUNT #	SITE #	BUSINESS LEGAL NAME		BUSINESS "DOING BUSINESS AS" (DBA) NAME			
BUSINESS LOCATION ADDRESS			SUITE	CITY		STATE	ZIP CODE
NAME OF AUTHORIZED PERSON WHO APPOINTED YOU		PERSON'S TITLE		CONTACT PHONE () ()		DATE APPOINTED / /	
WERE YOU APPOINTED BY A BOARD OF DIRECTORS OR TRUSTEES? ▶			<input type="checkbox"/> NO	<input type="checkbox"/> YES*	*IF YES, RESOLUTION DATE ▶		

EMPLOYMENT HISTORY		▶ PROVIDE YOUR EMPLOYMENT HISTORY FOR THE PAST 5 YEARS (INCLUDE AN ATTACHMENT, IF NECESSARY)					
EMPLOYER NAME (MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()	
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE
JOB TITLE	TYPE OF WORK		EMPLOYED FROM / /		EMPLOYED TO / /		
EMPLOYER NAME (SECOND MOST RECENT)			IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE () ()	
EMPLOYER'S STREET ADDRESS			SUITE	CITY		STATE	ZIP CODE
JOB TITLE	TYPE OF WORK		EMPLOYED FROM / /		EMPLOYED TO / /		
DOES THE INFORMATION LISTED ABOVE REPRESENT YOUR LAST 5 YEARS OF EMPLOYMENT HISTORY?			<input type="checkbox"/> YES	<input type="checkbox"/> NO*	* IF NO, PLEASE ATTACH A COMPLETE LISTING.		

PROHIBITED OFFENSES

▶ REVIEW THE FOLLOWING CRIMINAL OFFENSES THAT MAY EFFECT YOUR MANAGERIAL ELIGIBILITY

1. Any felony under federal or state law;
2. Keeping a house of prostitution;
3. Any violation of federal or state law concerning the manufacture, possession or sale of alcoholic liquor, or the forfeiture of bond to appear in court to answer charges for any such violation;
4. Any violation of federal or state law concerning the manufacture, possession or sale of cannabis, narcotics or other controlled substances, or the forfeiture of bond to appear in court to answer charges for such violation, or any other misdemeanor offense involving drugs or narcotics;
5. Any gambling offense;
6. Being the sole proprietor, partner, corporate officer, limited liability company member, manager or shareholder owning more than five percent of a revoked business licensee;
7. Cruelty or indifference to the welfare of a child;
8. Any offense specified in Section 4.2 of the Child Care Act of 1969, as amended, which makes the licensee, applicant or director ineligible for a State of Illinois child care facility license; or
9. Any misdemeanor sex offense as defined in Article 11 of the Illinois Criminal Code.

LEGAL AFFIDAVIT

▶ CHECK ONE OF THE TWO FOLLOWING STATEMENTS THAT BEST DESCRIBES YOUR CRIMINAL BACKGROUND

- No, I have never been convicted of any of the crimes listed above.
- Yes, I have been convicted of one or more of the crimes listed above, and they are as follows:

TYPE OF OFFENSE	CONVICTION DATE	PENALTY/SENTENCE	JURISDICTION (STATE & COUNTY)
	/ /		
	/ /		
	/ /		
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	/ /		
	/ /		

DOES THE INFORMATION LISTED ABOVE REPRESENT THE ENTIRETY OF YOUR CRIMINAL HISTORY? YES NO* *IF NO, PLEASE ATTACH A COMPLETE LISTING.

ACKNOWLEDGEMENT

▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF MANAGER APPLICANT	SIGNATURE OF MANAGER APPLICANT	DATE
	X	



FORM REQUIRED: For the current spouse of any individual owning 5% or more, either directly or indirectly, of the business entity applying for a business license.

INSTRUCTIONS: Provide the requested information below. If more room is needed to complete any of the following sections, include an attachment. This form must be signed by the spouse whose information is provided on this form.

PERSONAL INFORMATION ► PROVIDE THE FOLLOWING PERSONAL INFORMATION

[SPOUSE] FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX
[SPOUSE] SSN OR ITIN	DATE OF BIRTH (MM/DD/YYYY) / /	EMPLOYER	OCCUPATION	TITLE
[APPLICANT] FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF APPLICABLE)	SUFFIX
[APPLICANT] SSN OR ITIN	DATE OF BIRTH (MM/DD/YYYY) / /	BUSINESS LOCATION ADDRESS	FLOOR	

PROHIBITED ACTIVITIES ► REVIEW THE FOLLOWING PROHIBITED CRIMINAL CONVICTIONS

1. Any felony under federal or state law;
2. Keeping a house of prostitution;
3. Any violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor, or the forfeiture of bond to appear in court to answer charges for any such violation;
4. Any violation of any federal or state law concerning the manufacture, possession or sale of cannabis, narcotics or other controlled substances, or the forfeiture of bond to appear in court to answer charges for such violation;
5. Any gambling offense; or
6. Being the sole proprietor, partner, corporate officer, limited liability company member, manager or shareholder owning more than five percent of a revoked liquor licensee.

LEGAL AFFIDAVIT ► CHECK ONE OF THE TWO FOLLOWING STATEMENTS THAT BEST DESCRIBES YOUR CRIMINAL BACKGROUND

- No, I have never been convicted of any of the crimes listed above.
- Yes, I have been convicted of one or more of the crimes listed above, and they are as follows:

Type of Offense	Conviction Date	Penalty/Sentence	Jurisdiction (State & County)
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ACKNOWLEDGEMENT ► REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

PRINTED NAME OF APPLICANT'S SPOUSE	SIGNATURE OF APPLICANT'S SPOUSE X	DATE
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FORM REQUIRED: This affidavit is required for all business license applicants with business activities that include the sale of tobacco products.

INSTRUCTIONS: Complete all sections. This form must be signed by an authorized signer of the business entity applying for the Tobacco business license.

BUSINESS INFORMATION					▶ PROVIDE THE FOLLOWING INFORMATION ABOUT THE ESTABLISHMENT SELLING TOBACCO					
BUSINESS ACCOUNT- SITE #			BUSINESS LEGAL NAME			BUSINESS "DOING BUSINESS AS" (DBA) NAME				
BUSINESS LOCATION ADDRESS						SUITE	CITY		STATE	ZIP CODE

ACKNOWLEDGEMENT		▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW							
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I acknowledge that I am aware and understand the following regulatory changes with the effective date of July 16, 2014:

- The sale of e-cigarettes requires a retail tobacco license.
- The sale, sampling, bartering, or exchange of e-cigarettes to minors is illegal.
- Samplers of e-cigarettes must obtain a tobacco product sampler license and provide notice to BACP of the location(s) at which they propose to conduct sampling not less than 30 days prior to the actual sampling date.
- The sale of e-cigarettes is not permitted within 100 feet of a school and/or daycare facility.
- "Flavored" tobacco products, including but not limited to menthol cigarettes and e-cigarettes cannot be sold within 500 feet of any secondary school located in the City of Chicago. The exception applies to a "Retail tobacco" store, which derives more than 80% of its gross revenue from the sale of loose tobacco, cigarettes, cigarillos, cigars, pipes, other smoking devices and accessories, hookahs and related products and/or electronic cigarettes.
- Existing tobacco retailers such as "convenience" stores who currently sell "Flavored" tobacco products within 500 feet of any secondary school located in the City of Chicago may no longer do so and will **not** be considered grandfathered in.
- The use of e-cigarettes is allowed in "Retail tobacco" stores whether or not they are freestanding.
- No person shall engage in the business of a retail tobacco dealer using a customer self -service display. All tobacco products must be stored and sold in a manner that is not physically accessible in any way to a member of the general public without a direct person to person transfer involving a store agent with the exception of a "Retail tobacco" store.
- The sale of e-cigarettes in vending machines is illegal, as with sales of any tobacco product.

I certify that the information supplied in this form is true and complete, and I understand that I must file a complete, legible and truthful application or face possible delay, denial, and/or revocation of my license.

PRINTED NAME OF BUSINESS OWNER/OFFICER/EXPEDITER	TITLE/LICENSE #	SIGNATURE OF BUSINESS OWNER/OFFICER/EXPEDITER	DATE
		X	