



# Amusement, Food Vending and Tobacco Products License Application

## Village of Skokie

Building/Zoning & Licensing Division  
5127 Oakton Street – 1<sup>st</sup> Floor  
Phone (847) 933-8223 Fax (847) 933-8230

- Annual License     Cigarette or Tobacco (over the counter only - \$200.00 per establishment)
- Application Type     Food Vending Machine (\$25.00 per machine)
- (check all that apply)     Amusement Device (\$125.00 per device)
- Juke Box (\$125.00 per device)

Address	Type of machine/device or product
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(use reverse side or attach a separate sheet if necessary)

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

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Illinois Retail Occupation Tax Number \_\_\_\_\_

Check one and list name(s) and address(es) of officers or partners.

Individually owned     Partnership     Corporation

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Soc. Security # \_\_\_\_\_

I understand that the Village of Skokie requires a license for each vending machine, amusement device, juke box and for the over the counter sales cigarettes and or tobacco products. I agree to comply with all of the provisions of the Skokie Village Code relating to the license(s) being applied for herein.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

**\*Additional machines/devices products\***

Address

Type of machine/device or product

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

**Office use only:**

Date received: \_\_\_\_\_

Approved or Denied: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Total fees: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_