

City of Watseka
201 Brianna Dr.
P.O. Box 338
Watsaka, Il. 60970

APPLICATION FOR TOBACCO LICENSE

NAME & ADDRESS & PHONE NUMBER OF APPLICANT _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

SIGNATURE OF APPLICANT _____

PRINT APPLICANT SIGNATURE _____

TO BE FILLED OUT BY CITY HALL

CITY LICENSE NUMBER _____

CITY LICENSE EXPIRES _____

DATE APPROVED _____

JOHN ALLHANDS, MAYOR

FEE \$40.00 PER YEAR