



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300

LICENSE APPLICATION – VIDEO GAMING PERMIT

THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE STATE OF ILLINOIS VIDEO GAMING LICENSE AND THE PERMIT FEE.

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____ Tax ID: _____

Business Name: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___ Individual ___ Partnership ___ D.B.A. ___ Corporation

If Corporation, Registered Agent and Address: _____

Premise to be Licensed: _____

Total Number of Machines/Devices: _____ X \$30.00 ea = _____ Total Fee
Type of Machines & number of each

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business until all applicable ordinances of the City of Rockford including but not limited to Building, Zoning and Fire regulations, have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Comptroller.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

Permit fee attached: YES / NO Final Action due: _____ (21 days from receipt)

Finance: Final Action (check one):

- ___ Approved and issued on _____ By _____ License # _____
- ___ Returned as incomplete on _____ By _____ with written explanation. (7 days from receipt)
- ___ Denied in writing on _____ By _____