



City of Rockford – Customer Service Center  
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104  
779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)

### LICENSE APPLICATION – CHRISTMAS TREE LICENSE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE AND W9 FORM.

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street City/State/Zip

Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State/Zip

Type of Business Organization: ☐ Individual ☐ Partnership ☐ Non-Profit ☐ Corporation

If Corporation, Registered Agent and Address:

Location of Sales: \_\_\_\_\_  
\_\_\_\_\_

Dates of Sales: \_\_\_\_\_

Fee Structure: \$ 50.00 – License Fee  
\$ 35.00 – Deposit (Refundable)

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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 Finance Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

License fee attached: YES / NO Final Action due: \_\_\_\_\_ (21 days from receipt)

**Zoning:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Initial:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Final:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_