



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

LICENSE APPLICATION – TOWING SERVICE AND RELOCATOR'S LICENSE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE, CERTIFICATE OF INSURANCE LISTING THE CITY OF ROCKFORD AS A CERTIFICATE HOLDER, AND A COPY OF THE ILLINOIS COMMERCE COMISSION (ICC) SAFETY RELOCATOR REGISTRATION

Annual Fee: \$132.00 Plus **Number of Trucks (Attach a List):** X \$10.00 each = **License Fee**

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____ City/State/Zip Code: _____

Applicant Phone #: _____ Email Address: _____

Business Name: _____ Tax ID: _____

Business Address: _____ City/State/Zip Code: _____

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

If Corporation, Registered Agent and Address: _____

Business Hours and days of operation: _____

Contact Information for after business Hours:

Name: _____ Phone Number: _____

Email Address: _____

Location of Storage Area: _____ Capacity of Impound Lot (s) _____

Description of Storage Area: _____

Certificate of Insurance Attached: YES / NO Expiration date: _____

ICC Safety Relocator Registration Attached: YES / NO Expiration date: _____

Do you owe money to any other City of Rockford department? YES/NO



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Please note a twenty percent (20%) penalty will be added to the license fee if not paid within 30 days; furthermore, if not paid within sixty (60) days, the penalty will be fifty percent (50%). In addition, no license will be issued to any business with an outstanding debt to the City of Rockford.

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 Legal regulations, and the laws of the State of Illinois, 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 Director or designee. In addition, the undersigned hereby states under oath that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, and claim of liability resulting from the issuance of this license.

Signature: _____ Date: _____

Print Name & Title _____

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: _____

Zoning Remarks: _____

Building: Approved / Disapproved: By: _____ Date: _____

Legal: Approved / Disapproved By: _____ Date: _____

Finance: Approved / Disapproved By: _____ Date: _____

Sticker Numbers: _____