



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

LICENSE APPLICATION – HORSE DRAWN CARRIAGE

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE OF \$40.00

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: \_\_\_\_\_

Description of Business (use additional paper if necessary):

1. Number of Vehicles: \_\_\_\_\_ Number of Animals: \_\_\_\_\_ Type of Animal: \_\_\_\_\_

2. Type of Vehicles: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

3. Location and Manner of Stabling the Animals: \_\_\_\_\_

4. Method of Transporting the Animals: \_\_\_\_\_

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 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: \_\_\_\_\_

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: \_\_\_\_\_

Building: Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

Police: Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works: Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

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