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

## LICENSE APPLICATION – MOVIE THEATRE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE. LICENSE EXPIRES ON 5/31

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 ___D.B.A. ___Corporation
If Corporation, Registered Agent and Address:

_____

Premise to be Licensed: _____

| | | | | | | |
|---|---|---|---|---|---|---|
| Number of Movie Screens: | _____ | X | $69.00 each | = | _____ | Screen Fee |
| | | | | | $ 146.00 | Premise Fee |
| | | | | | _____ | Total Fee |

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: _____

**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: _____

**Fire:** Approved / Disapproved: By: _____ Date: _____

**Finance:** Approved / Disapproved: By: _____ Date: _____