



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

LICENSE APPLICATION – TEMPORARY OUTDOOR VEHICLE SALES

Application Date: _____ **License Fee \$142.00** Number of permits issued to applicant this year: _____

Applicant Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Business Tax ID # _____ State Sales Tax # _____

Type of Business Organization: Individual Partnership DBA Corporation

*If Corporation, list officer(s) / owner(s) / agent name and addresses:

Repair Facility Name: _____

Repair Facility Address: _____

Premises to be licensed: Name: _____

Address: _____ Zoning District: _____

Date(s) of Sale (no more than 7 consecutive business days): _____

Types of vehicles being sold: New New **AND** Used Used

*If the **USED** box is checked, the applicant is authorized to sale used vehicles only if the applicant has maintained a business address within the City of Rockford within the previous five (5) consecutive years.

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 properly signed by the departments listed below, and an official license issued by the Finance Department. I understand that all sales in the City of Rockford shall be reported as such for sales tax purposes, and that I may be required to make sales tax records available for inspection to the finance director or his designee.

Signature: _____ Dated: _____

(NOTE: Applicant must be a licensed dealer. If more than one dealer is involved in a sale, only one application needs to be filed. However, a list of each participating dealer should be attached to the application.)

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

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

Number of permits issued this year at this location: _____ License #: _____

Zoning: Approved / Disapproved By: _____ Date: _____

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