



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

LICENSE APPLICATION – AMUSEMENTS: GENERAL& MECHANICAL

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE.

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: _____

Total Number of Machines/Devices: _____ X \$39.00 each = _____ Device Fee
Type of Machines & number of each \$71.00 each = _____ Premise Fee (per location)
= _____ Total Fee

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%)

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 Comptroller.

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: _____