



**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 **\$146.00** 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: \_\_\_\_\_