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

LICENSE APPLICATION – TOWING SERVICE LICENSE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE AND CERTIFICATE OF INSURANCE LISTING THE CITY OF ROCKFORD AS A CERTIFICATE HOLDER

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:

_____

Annual Fee: $117.00 Plus Number of Trucks (Attach a List): _____ X $10.00 each =_____License Fee

Location of Storage Area: _____

Description of Storage Area: _____

Certificate of Insurance Attached: _____ YES _____ NO Expiration date: _____

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, and the laws of the State of Illinois, 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 Director.

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: _____

Remarks: _____

Legal: Approved / Disapproved By: _____ Date: _____

Finance: Approved / Disapproved By: _____ Date: _____