



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

**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	\$73.00 each	=	_____	Screen Fee
				\$ 154.00	Premise Fee
				_____	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%)**

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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: \_\_\_\_\_

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**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: \_\_\_\_\_