



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

LICENSE APPLICATION – PAWN SHOP

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$272.00 LICENSE FEE.

Name of Applicant: Date of Birth:

Applicant Address: Street City/State/Zip

Applicant Phone #: Email Address:

Business Name: Tax ID:

Business Address:

Applicant is a (check one): Individual Partnership Corporation

If applicant is a corporation: Corporate Name:

Date of Incorporation: State of Incorporation: Tax ID:

Registered Agent: Name:

Corporation Address:

Attach CORPORATE ADDENDUM listing names and addresses of all officers, directors and 5% or more shareholders.

Premise to be licensed: Street Address City/State/Zip

Dates & Time of Sales:

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 properly signed by the departments listed below, and an official license issued by the Finance Department.

Print Name: 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: