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 – SECOND HAND MERCHANDISE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE $70.00 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: _____

Finance: Approved / Disapproved: By: _____ Date: _____