



**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 – VIDEO GAMING PERMIT**

**THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE STATE OF ILLINOIS GAMING BOARD VIDEO GAMING LICENSE AND THE APPLICABLE FEE.**

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: \_\_\_\_\_

Total Number of Machines/Devices: \_\_\_\_\_ X \$250.00 each = \_\_\_\_\_ Total Fee  
 Type of Machines & number of each

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

License fee attached: YES / NO Final Action due: \_\_\_\_\_ (21 days from receipt)

**Finance:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Sticker Numbers:** \_\_\_\_\_