

2022

Horse Drawn Carriage Application





City of Rockford  
 PW Engineering  
 425 E. State St., Rockford, IL 61104



**PERMIT/LICENSE APPLICATION – HORSE DRAWN CARRIAGE**

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE OF \$40.00

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
 Street City/State/Zip

Applicant Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ City of Rockford Business #: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street City/State/Zip

Type of Business Organization: Individual Partnership Non-Profit Corporation

If Corporation, Registered Agent and Address: \_\_\_\_\_

Description of Business (use additional paper if necessary):

1. Number of Vehicles: \_\_\_\_\_ Number of Animals: \_\_\_\_\_ Type of Animal: \_\_\_\_\_

2. Type of Vehicles: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

3. Location and Manner of Stabling the Animals: \_\_\_\_\_

4. Method of Transporting the Animals: \_\_\_\_\_

5. Describe the cleanup methods and the frequency of cleanup being used to clear the area of animal waste:

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

\*\* A copy of the animal insurance coverage & medical records must be included with the application. Insurance coverage is a \$1,000,000.00 minimum policy.

**MUST BE IN COMPLIANCE WITH ALL TERMS OF THE HUMAN CARE OF ANIMALS ACT: 510 ILCS70**

**FOR OFFICE USE ONLY:**

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

**Zoning/Building Depts:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Police Dept:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Public Works Dept:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

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