



*Karl F. Franzen, Director
Community and Economic
Development Department*

**CITY OF ROCKFORD
CONSTRUCTION & DEVELOPMENT SERVICES
TENT ERECTOR'S LICENSE APPLICATION**

Date: _____

License (please check one): **Renewal**_____ **New**_____

Business Name: _____

Contact Person: _____

Email Address: _____

Address: _____

Office Number: _____ Mobile Number: _____

I understand that this license enables the above designated business to erect tents. The code section pertaining to licensed erectors does not pertain to anyone other than the licensed business to erect tents (requirements for inspections and fees) on this license. Licensed Contractors will be required to obtain permits. Tent erector license expires at the end of the calendar year.

SIGNATURE _____

PLEASE RETURN THIS FORM, PROOF OF INSURANCE & THE LICENSE FEE OF \$71.00 (PAYABLE TO THE CITY OF ROCKFORD) TO THE DEPARTMENT OF CONSTRUCTION & DEVELOPMENT SERVICES, ATTENTION CHRISTINA HARGROVE. IF YOU HAVE ANY QUESTIONS CALL 779-348-7158. THANK YOU!

For Office Use Only

Date Received: _____ License #: _____ Check #: _____

**ACCOUNT #: 1010-1000-60221
PROJECT CODE: TENTL**

City of Rockford, Illinois USA
425 East State Street Rockford, Illinois 61104-1068 USA
(779) 348-7158 office (815) 967-4243 fax
www.rockfordil.gov

Revised 02/01/2021(CH)