



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 – 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 \$257.00 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: _____