City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300

LICENSE APPLICATION – MOVIE THEATRE

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE.

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____ Tax ID: _____

Business Name: _____

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: _____

Number of Movie Screens:	_____	X	$63.00 ea	=	_____	Screen Fee
					$ 134.00	Premise Fee
					_____	Total Fee

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 is properly signed by the departments listed below, and an official license is issued by the Comptroller.

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: Date: _____ By: _____

Fire: Approved / Disapproved: Date:_____ By: _____

Finance: Final Action (check one):
___ Approved and issued on _____ By _____ License # _____
___ Returned as incomplete on _____ By _____
with written explanation. (7 days from receipt)
___ Denied in writing on _____ By _____