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

LICENSE APPLICATION – OUTDOOR VEHICLE SALE

Application Date: _____ License Fee $130.00 Number of permits issued to applicant this year: _____

Applicant Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Business Tax ID # _____ State Sales Tax # _____

Type of Business Organization: ☐ Individual ☐ Partnership ☐ DBA ☐ Corporation
*If Corporation, list officer(s) / owner(s) / agent name and addresses:

_____

_____

_____

Repair Facility Name: _____

Repair Facility Address: _____

Premise to be licensed: Name: _____

Address: _____

Date(s) of Sale (no more than 4 consecutive business days): _____

Types of vehicles being sold: New ☐ New & Used ☐

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 properly signed by the departments listed below, and an official license issued by the Comptroller. I understand that all sales in the City of Rockford shall be reported as such for sales tax purposes, and that I may be required to make sales tax records available for inspection to the finance director or his designee.

Signature: _____ Dated: _____

(NOTE: Applicant must be a licensed dealer. If more than one dealer is involved in a sale, only one application needs to be filed. However, a list of each participating dealer with the information requested in numbers 1 through 4 above should be attached to the application.)

FOR OFFICE USE ONLY

Zoning: Approved / Disapproved By: _____ Date: _____

By: _____ Comments: _____

Finance: Letter of Authorization Dated: _____ License Fee Paid on: _____

Number of permits issued this year at this location: _____ License #: _____

Issued By: _____ Issued Date: _____