



City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
815-967-6753

LICENSE APPLICATION - TOWING SERVICE LICENSE

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: Tax ID:

Business Address: Street City/State/Zip

Type of Business Organization: Individual Partnership D.B.A. Corporation
If Corporation, Registered Agent and Address:

Annual Fee: \$59.00 Plus Number of Trucks (Attach a List): X \$2.00 ea = Truck Sticker Fee

Location of Storage Area:

Description of Storage Area:

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 Finance Director.

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:

Comments:

Legal: Approved / Disapproved By: Date:

Certificate of Insurance Attached: YES NO Expiration date:

Comments:

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