



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

LICENSE APPLICATION - ADULT ENTERTAINMENT ESTABLISHMENT

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$1,090.00 LICENSE FEE. IF THE APPLICATION IS DENIED, THE FEE WILL BE REFUNDED EXCEPT FOR A \$100.00 APPLICATION PROCESSING FEE. LICENSE IS VALID UNTIL THE FOLLOWING SEPTEMBER 1 AFTER ISSUANCE.

Name of Applicant: Date of Birth:

Applicant Address: Street City/State/Zip

Applicant Phone #: Email Address: Tax ID:

Business Name:

Business Address: Street City/State/Zip

Type of adult entertainment establishment: Adult Theater Adult Mini-motion Picture Adult Cabaret Other - MUST List:

Applicant is a (check one): Individual Partnership Corporation

If applicant is a corporation: Corporate Name:

Date of Incorporation: State of Incorporation: Tax ID:

Registered Agent: Name:

Address: Street City State Zip

Attach CORPORATE ADDENDUM listing names and addresses of all officers, directors and 5% or more shareholders.

NOTE: Sections 5-531 through 5-543 of the City of Rockford Code of Ordinances specifically regulate adult entertainment establishments. Violation of any of these provisions could result in the suspension or revocation of your license. A copy of these provisions is available at the Legal Department, 7th floor, City Hall, 425 E. State Street, Rockford, IL 61104.

Dated: By: (signature)

Print Name:

FOR OFFICE USE ONLY:

Date application received: Received By:

\$1,070 license fee attached: YES / NO Final Action due: (21 days from receipt)

Zoning: Approved / Disapproved By: Date:

Building: Approved / Disapproved: Date: By:

Finance: Final Action (check one):

Approved and issued on By

Returned as incomplete on By with written explanation. (7 days from receipt)

Denied in writing on By

**CORPORATE ADDENDUM TO ADULT ENTERTAINMENT ESTABLISHMENT LICENSE APPLICATION  
(to be completed by corporations only)**

List all officers, director, and 5% or more shareholders:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
(street, city, state, zip)

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Address \_\_\_\_\_  
(street, city, state, zip)