



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

LICENSE APPLICATION - HORSE DRAWN CARRIAGE

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: Trade Name:

Business Address: Street City/State/Zip

Type of Business Organization: Individual Partnership Non-Profit Corporation
If Corporation, Registered Agent and Address:

Description of Business (use additional paper if necessary):

1. Number of Vehicles: Number of Animals: Type of Animal:

2. Type of Vehicles: Hours of Operation:

3. Location and Manner of Stabling the Animals:

4. Method of Transporting the Animals:

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:

Fee attached: YES / NO Veterinary Certificates: YES / NO Rate Schedule: YES / NO

Proof of Insurance: YES / NO

Building: Approved / Disapproved By: Date:

Zoning: Approved / Disapproved By: Date:

Police: Approved / Disapproved: Date: By:

Traffic: Approved / Disapproved: Date: By:

Finance: Final Action (check one):

Approved and issued on By License #