



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

LICENSE APPLICATION - PETROLEUM PRODUCTS / GASOLINE STATION

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE.

Applicant Name/Position: Date of Application:

Applicant Address: Street City/State/Zip

Applicant Phone #: Email Address:

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:

President: Vice President: Treasurer: Responsible Agent:

Premise to be Licensed: Name:

Address:

Retail Tax #: Full Service: Self Service: Number of Pumps:

Number of Storage Tanks: (\$13.00 ea) Number of Gas Pumps: (\$30.00 ea)

Certificate of Insurance attached:

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. I hereby agree to comply with the requirements of the City Ordinances of Rockford, Illinois, for self service gasoline stations pursuant to the BOCA Basic Fire Prevention Code as adopted by the City of Rockford.

Signature: Dated:

Signature: Dated:

FOR OFFICE USE ONLY:

Date application received: Received By:

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