



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 \$1,125.00 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:

\$1,125 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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(street, city, state, zip)

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