



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

LICENSE APPLICATION - MALL VENDING

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:

Retail Tax #: Cart / Booth Size:

Type of Permit: Fixed Mall Café Ambulatory-Date (s) of Sale:

Sale Location:

Brief Description of Goods or Services for Sale:

Electrical Service Required? (Available in Zone 2 only) Yes No

Certificate of Insurance attached: Health Department Certification attached:

Permit Fee Attached: Fixed \$113 per Month X months = \$

Mall Café \$57 per Month X months = \$

Ambulatory \$90 per Month X months = \$ OR \$21 for 3 days \$

Plus application fee of \$21 for Ambulatory vendors or \$31 for Zone 2 vendors.

In consideration of the issuance of a permit for the use or structure indicated above, the applicant (s) agree (s) as follows:

- 1. The structure or use herein permitted is restricted to the location (s) above described.
2. The permit is limited specifically to the use of structure described in this application, and to the applicant listed.
3. That this permit is issued pursuant to, and the applicant (s) shall comply with and be bound by, the Mall Vending ordinance as is now in effect or may hereafter be amended.
4. That the permit may be revoked pursuant to Section 5-350 of the Code for violation of Chapter 5 of the Code of Ordinances or for violation of permit conditions.
5. That the applicant will remove any structure or cart from the Mall area at the close of the day. That in the event said removal is not accomplished within said time, the City is hereby authorized to remove same and charge or assess the cost to the applicant.
6. Applicant shall maintain the area within and in proximity to this cart, structure or location in a neat, clean and hazard-free condition. The permit area shall be restored to its condition prior to the issuance of the permit.
7. Applicant shall post and maintain any and all permits delivered for use in a conspicuous place.

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8. The applicant (s) has/have read and understand all of the terms and conditions set forth in this application.

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: _____

Dated: _____

Signature: _____

Dated: _____

AGREEMENT

The undersigned as a duly authorized agent for the business to whom said permit is being granted, agrees, both for himself and on behalf of said business, to indemnify, defend and otherwise hold harmless the City of Rockford and its employees, by any and all persons for any injury or claim arising out of the creation, existence or operation of or any activity in any way related to the creation, existence, or operation of the business for which said permit is issued.

The undersigned further agrees both for himself and the business to whom said permit is issued, to indemnify, defend and otherwise hold harmless the City of Rockford and its employees, against any and all claims, damages and liabilities which may be asserted against the City or any of its employees, by and all persons in connection with any claim or injury arising from the condition of any public property which composes or is adjacent to any public property which composes part or all of the area, to be used or otherwise occupied, for the purpose of operating a business pursuant to said permit.

Business: _____

By: _____

ALL ATTACHMENTS AND INFORMATION TO BE NOTARIZED

State of Illinois
County of Winnebago

_____, is a legal resident of _____

County of _____, State of _____ being sworn before me, and that all statements are true to the best of my knowledge and belief.

Sworn and subscribed to before me this _____ day of _____, 20____, at _____, County of _____, and state of _____.

Notary Public _____

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 _____