



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

**LICENSE APPLICATION – ELECTRICAL CONTRACTOR REGISTRATION**

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: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State/Zip

Type of Business Organization: \_\_\_Individual \_\_\_Partnership \_\_\_Non-Profit \_\_\_Corporation  
If Corporation, Registered Agent and Address:

State the class of electrical work in which the applicant desires to engage such as: General Electrical Contractor, Fixture work, Sign Work, Elevator work, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee Structure: \$ 25.00 – Registration Fee

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: \_\_\_\_\_

License fee attached: YES / NO Final Action due: \_\_\_\_\_ (21 days from receipt)

**Building:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_