



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300 CustomerService@rockfordil.gov

LICENSE APPLICATION – ADULT ENTERTAINMENT ESTABLISHMENT

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE **\$2,054** 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: _____

Business Name: _____ Tax ID: _____

Business Address: _____

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: _____

Corporation Address: _____

Attach **CORPORATE ADDENDUM** listing names and addresses of all officers, directors and 5% or more shareholders on page 2.

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. Also, a twenty percent (20%) penalty will be added to the license fee if not paid within 30 days; furthermore, if not paid within sixty (60) days, the penalty will be fifty percent (50%)

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

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

Zoning: Approved / Disapproved By: _____ Date: _____

Building: Approved / Disapproved: By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____

**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)

Name: _____ Title: _____ Date of Birth: _____

Address _____
(Street, city, state, zip)

Name: _____ Title: _____ Date of Birth: _____

Address _____
(Street, city, state, zip)

Name: _____ Title: _____ Date of Birth: _____

Address _____
(Street, city, state, zip)

Name: _____ Title: _____ Date of Birth: _____

Address _____
(Street, city, state, zip)

Name: _____ Title: _____ Date of Birth: _____

Address _____
(Street, city, state, zip)