



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

LICENSE APPLICATION – ADULT ENTERTAINMENT ESTABLISHMENT

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE **\$1,672.00** 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: _____

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)

Name: _____ Title: _____ Date of Birth: _____

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(street, city, state, zip)

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