



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

LICENSE APPLICATION – SECOND HAND MERCHANDISE

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$65.00 LICENSE FEE.

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

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.

Premise to be licensed: _____
Street Address City/State/Zip

Dates & Time of Sales: _____

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 properly signed by the departments listed below, and an official license issued by the Finance Department.

Dated: _____ By: _____ (signature)

Print Name: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

License fee attached: YES / NO

Zoning: Approved / Disapproved By: _____ Date: _____

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

Finance: Final Action (check one):

___ Approved & issued on _____ By _____ License # _____

___ Denied in writing on _____ By _____