



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

LICENSE APPLICATION – WEAPONS SALES LICENSE

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$144.00 LICENSE FEE.

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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:

\_\_\_\_\_

If Partnership, list Partners name, address and date of birth:

\_\_\_\_\_

\_\_\_\_\_

Premise to be Licensed: \_\_\_\_\_

\_\_\_\_\_

Description of Storage Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Finance Director.

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: \_\_\_\_\_

Comments: \_\_\_\_\_

Finance: Final Action (check one):

- \_\_\_ Approved and issued on \_\_\_\_\_ By \_\_\_\_\_ License # \_\_\_\_\_
\_\_\_ Returned as incomplete on \_\_\_\_\_ By \_\_\_\_\_
\_\_\_ Denied in writing on \_\_\_\_\_ By \_\_\_\_\_