



**City of Rockford – Dept of Public Works  
City Hall, 425 E. State Street, Rockford, IL 61104  
779-348-7641**

**PERMIT/LICENSE APPLICATION – HORSE DRAWN CARRIAGE**

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE OF \$40.00

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

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

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

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

Type of Business Organization: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Non-Profit \_\_\_ Corporation

If Corporation, Registered Agent and Address: \_\_\_\_\_

Description of Business (use additional paper if necessary):

1. Number of Vehicles: \_\_\_\_\_ Number of Animals: \_\_\_\_\_ Type of Animal: \_\_\_\_\_

2. Type of Vehicles: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

3. Location and Manner of Stabling the Animals: \_\_\_\_\_

4. Method of Transporting the Animals: \_\_\_\_\_

5. Describe the cleanup methods and the frequency of cleanup being used to clear the area of animal waste:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* A copy of the animal insurance coverage & medical records must be included with the application. Insurance coverage is a \$1,000,000.00 minimum policy.**

**MUST BE IN COMPLIANCE WITH ALL TERMS OF THE HUMAN CARE OF ANIMALS ACT: 510 ILCS70**

***FOR OFFICE USE ONLY:***

Date application received: \_\_\_\_\_ Received By: \_\_\_\_\_

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

**Police Dept:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Public Works Dept:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance Dept:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_