

CITY OF ROCK ISLAND

LICENSE APPLICATION



BICYCLE DEALER LICENSE

One -Time License - No Fee - No Renewal

APPLICANT INFORMATION

BUSINESS NAME (AS REGISTERED)	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

OWNER'S NAME AS REGISTERED	OWNER'S HOME ADDRESS	CITY	STATE	ZIP CODE
OWNER'S TELEPHONE NO.				

As a licensed Bicycle Dealer in the City of Rock Island, I will obey the regulations of the Ordinance regarding bicycle registration for those who purchase bicycles from my business. I will ensure that my employee(s) or myself register all bicycles twenty inches (20") and over in size at the time of sale. I understand that the Police Department will pick up the completed forms and that it is my responsibility to notify the Police Department when I am in need of additional registration forms and/or license stickers. I understand that there will be no fees attached to the Dealer License or to the individual registering the bicycle.

Signature of Applicant

Date of Application

CITY OF ROCK ISLAND

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DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Police Approval Date

City Clerk Approval Date

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**