

CITY OF ROCK ISLAND

LICENSE APPLICATION



ROCK ISLAND
ILLINOIS

MISCELLANEOUS

License Year: May 1 through April 30

New Application _____

Renewal _____

APPLICANT INFORMATION

BUSINESS NAME (as registered)	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

NAME - OWNER	HOME ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

TYPE	QUANTITY	FEE	Total Fee
Theater	500 or less seats	\$25.00 per year	
Theater	501 to 1000 seats	\$50.00 per year	
Theater	1001 or more seats	\$75.00 per year	
Filling Station	# of nozzles	\$45.00 for each gas nozzle per year	
Public Bench \$5,000 Surety Bond	# of benches	\$5.00 times number of benches per year	
Circus, Carnival, etc	# of days	\$25.00 per day	

Signature of Applicant

Date of Application

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

Bond: _____

Insurance: _____

City Clerk Approval Date

License Fee

License Fee Receipt Number

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**