

CITY OF ROCK ISLAND

LICENSE APPLICATION



YOUTH DANCE

License Year: May 1 through April 30

New Application _____
Fee: \$100/year

Renewal _____

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY, STATE & ZIP CODE
TELEPHONE NUMBER	MANAGER'S NAME	MANAGER'S HOME ADDRESS
MANAGER'S CITY, STATE and ZIP CODE	MANAGER'S HOME TELEPHONE	MANAGER'S DATE OF BIRTH
MANAGER'S PLACE OF BIRTH	MANAGER'S SOCIAL SECURITY NUMBER	

Manager's Employment History for past ten (10) years. _____

If owner is a partnership, list names, addresses, Social Security numbers, and dates of birth for all partners. If owner is a corporation, list titles, names, addresses, Social Security numbers, and date of birth for all officers as well as date and state of incorporation. (If more space is needed, please use separate sheet.)

Has manager, owner, partner, or corporate officer of this business ever:

been denied any type of license in the City of Rock Island?	Yes	No
had any type of license revoked in the City of Rock Island?	Yes	No
been arrested for anything other than a minor traffic charge?	Yes	No
been convicted of anything other than a minor traffic charge?	Yes	No

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For any "Yes" answer above, give offense number, name of offender, date of offense, place of offense and final disposition.

Is business in a leased building? YES _____ NO _____

LANDLORD'S NAME	LANDLORD'S HOME ADDRESS
LANDLORD'S HOME TELEPHONE NUMBER	CITY, STATE AND ZIP CODE

I hereby certify that the above statements are true and any untruths or omissions could be grounds for my license to be revoked.

To obtain a youth dance license, the applicant shall file an application with the city clerk upon a form provided by said clerk, which shall contain, among other information, a petition signed by a majority of the property owners, representing at least a majority of the frontage within three hundred feet (300') in each direction of the proposed location on both sides of the street on which the proposed location shall front, signifying their willingness to have a license issued hereunder; providing that in any case if the property owners of at least forty feet (40') of the property immediately adjacent to or abutting on any side of the proposed location shall not appear as signers on said petition, no license shall be issued hereunder. (Petition form attached.)

I have read and understand the ordinance concerning this license and realize that I am subject to any standards issued by the City and agree to abide by them and any amendments, etc. I further understand and agree to the following:

1. Evidence of liability insurance will be furnished before a license is issued and throughout the duration of the license period with limits of liability no less than \$1,000,000.00 and the City of Rock Island, Illinois must be named as an additional insured on the owner's certificate of insurance.
2. A criminal background check will be conducted on me and the officers of the business and/or corporation.
3. Any police officer or other official of the City of Rock Island is permitted free and unrestricted access to the premises for which a license is herein applied, for the purpose of inspecting same.
4. The license is non-transferable.
5. I will observe the laws of the United States, the State of Illinois, and the ordinances of the City of Rock Island in the conduct of this business.

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

Certificate of Insurance

Police Department Approval Date

Fire Department Approval Date

Health Inspector Approval Date

Building Inspector Approval Date

City Clerk Approval Date

License Fee

License Fee Receipt Number

License/Permit 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**

