

CITY OF ROCK ISLAND

LICENSE APPLICATION



SOCIAL SERVICES

License Term: One year

New Application _____
Fee: \$500/per year

Renewal _____

APPLICANT INFORMATION

NAME OF ORGANIZATION OR INDIVIDUAL	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	EMAIL			

LOCATION OF PREMISES TO BE LICENSED	CITY	STATE	ZIP CODE
TELEPHONE NO.	EMAIL		

DATE OF ZONING ACTION IF IT HAD BEEN REQUIRED FOR THE PROPOSED USE: _____

Attach the following:	✓
1. Proof of IRS 501(c)(3) status, registration with the State Attorney General or Secretary of State if applicable, and evidence of good standing with the State.	✓
2. Proof of liability insurance and any other insurance policy held by the organization.	
3. Description of all programming and activities to take place at the premises with a summary of services offered, target populations, and community impact. This should include the proposed maximum number of persons to be housed or served at the facility as well as the days and hours of operation.	
4. The names and job descriptions of the staff under whose management or supervision the facility will be operated.	

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5. A facility plan showing a floor plan, identifying different rooms and their uses, as well as any proposed changes to the layout. An outdoor space for use by patrons of no less than one hundred square feet (100 sq. ft) surrounded by a six-foot (6') fence must be included in the facility plan.	
6. For shelters , guidelines to be utilized for the operation of shelter, including but not limited to such policies as admission criteria, procedures for linkage with social service agencies, procedures for termination of stay, and emergency response plans.	
7. If a firm, partnership, corporation, or association , provide the principal address of the entity, if not already provided above, and the names and addresses of its officers.	
8. A summary providing information on any relevant experience the applicant may have in running a similar program.	
9. Request for Waiver: If requesting a waiver of any of the requirements outlined in subsections 8-572 <i>License Application</i> , 8-575 <i>Standards for Issuance of License</i> , or 8-577 <i>Additional Requirements for Homeless Shelters</i> , provide a statement indicating which requirement(s) and the rationale for the request. (Please note that no waiver shall be permitted for any building code or fire code compliance.)	

Signature of Applicant

Date of Application

Printed Name of Applicant

Title

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

DATE APPROVED BY PLANNING & ZONING MANAGER:	
DATE APPROVED BY BUILDING OFFICIAL:	
DATE APPROVED BY FIRE MARSHAL:	
DATE APPROVED BY CITY MANAGER OR THEIR DESIGNEE:	
DATE LICENSE ISSUED:	
LICENSE NUMBER:	

Return Completed Application to:
 City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201
 CITYCLERKMAIL@RIGOV.ORG