

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 |
|----------------|
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| License Printed Date |
|----------------------|
| |

| License Delivery Date |
|-----------------------|
| |

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