



City of Rockford - Finance Department - Revenue
1st floor, City Hall, 425 E. State Street, Rockford, IL
815-967-6753

LICENSE APPLICATION – HORSE DRAWN CARRIAGE

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE.

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____ Tax ID: _____

Business Name: _____ Trade Name: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___Individual ___Partnership ___Non-Profit ___Corporation
If Corporation, Registered Agent and Address:

Description of Business (use additional paper if necessary):

1. Number of Vehicles: _____ Number of Animals: _____ Type of Animal: _____

2. Type of Vehicles: _____ Hours of Operation: _____

3. Location and Manner of Stabling the Animals: _____

4. Method of Transporting the Animals: _____

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business until all applicable ordinances of the City of Rockford including but not limited to Building, Zoning and Fire regulations, have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Comptroller.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

Fee attached: YES / NO Veterinary Certificates: YES / NO Rate Schedule: YES / NO

Proof of Insurance: YES / NO

Building: Approved / Disapproved By: _____ Date: _____

Zoning: Approved / Disapproved By: _____ Date: _____

Police: Approved / Disapproved: Date: _____ By: _____

Traffic: Approved / Disapproved: Date: _____ By: _____

Finance: Final Action (check one):

___ Approved and issued on _____ By _____ License # _____