

City of Rock Falls  
Business License Application  
603 W 10th Street, Rock Falls, IL 61071

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (State) (Zip Code)

Business Phone: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_

Contact Person Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_

License(s) Applied For:

- 1. \_\_\_\_\_ Fee: \_\_\_\_\_
- 2. \_\_\_\_\_ Fee: \_\_\_\_\_
- 3. \_\_\_\_\_ Fee: \_\_\_\_\_

Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip Code)

Phone / Home: \_\_\_\_\_ Cell: \_\_\_\_\_

If applicable, please attach a copy of your insurance certificate and bond.

**\* All Business Licenses are valid from May 1 through April 30, there shall be no pro rating of fees\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date