

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