

MISCELLANEOUS LICENSE FORM

CITY OF SOUTH BELOIT, ILLINOIS
519 Blackhawk Boulevard
 South Beloit, IL 61080
(815)389-3023

July 1, 2010 to
 June 30, 2011

Name & Title of Applicant: _____ Phone _____

Residence Address: _____

Name of Business: _____ Address: _____

MISCELLANEOUS:

Food (convenience/grocery stores and restaurants)	\$ 25.00
Non-intoxicating beverages (soft drinks)	\$ 10.00
Tobacco Dealer (over the counter)	\$ 25.00
Milk or Milk Products	\$ 10.00
Milk Jobber: Number of trucks _____ 1st truck \$25, Addn @ \$10/ea	\$ _____
Rubbish Routes: Number of trucks _____ @ \$10/ea	\$ _____
Second Hand/Antique Store	\$ 25.00
Sign and Awnings (overhanging onto City Property)	\$ 5.00
Telephonic Alarm System	\$ 15.00
Retail Gasoline Dealer: Number of Pumps _____ @ \$50/ea	\$ _____
Wholesale Storage of Petroleum: Location of Tanks Required	
Number of Tanks _____ @ \$200/ea	\$ _____
Salvage Dealer	\$ 400.00
Automobile Wrecking Establishment	\$ 500.00
Hotel	\$ 500.00
Nursing Home	\$ 50.00
Mobile Home Park	\$ 50.00
Veterinary	\$ 35.00
Public Beach	\$ 100.00
Bowling Alleys: Number of Alleys _____ @ \$10/ea	\$ _____
Sanitary/Septic Service	\$ 35.00
Private Security System	\$ 120.00
Transient Merchant: Name/Date/Location Required	
1 st day @ \$50, Addn @ \$25/day	\$ _____
Peddler: (on foot) 1st day @ \$25, Addn @ \$10/day	\$ _____
(vehicle) 1st day @ \$50, Addn @ \$20/day	\$ _____

VENDING MACHINES: Location and type of Machines Required
 Number of Machines _____ 1st 5 @ \$12/ea, Addn @ \$6/ea \$ _____

AMUSEMENT DEVICES: Location and type of Machines Required
 Distributor Fee \$ 100.00
 Pool Table: Number of Machines _____ 1st 10 @ \$15/ea, Addn @ \$25/ea \$ _____
 Juke Box: Number of Machines _____ @ \$25/ea \$ _____
 Other games of skill or amusement:
 Number of Machines _____ 1st 10 @ \$15/ea, Addn at \$25/ea. \$ _____
 Games of Chance: _____ 1st 5 @ \$500/ea, Addn at \$1,000/ea. \$ _____

JANUARY 1, 2010 TO DECEMBER 31, 2011
 Used Car Sales Lot \$ 100.00
 Taxi Cab: Number of Vehicles _____ @ \$15/ea \$ _____
 Year, Make, Model, and Serial Number Required for each vehicle.

TOTAL OF ALL LICENSE FEES \$ _____

 Signature of Applicant

For Office Use Only	
License No.	_____
Date Approved	_____
Date Mailed	_____