MISCELLANEOUS BUSINESS LICENSE APPLICATION
CITY OF SOUTH BELOIT, ILLINOIS
519 Blackhawk Boulevard
South Beloit, IL 61080
Phone: (815) 389-3023
Email: m.reff@southbeloit.org

Name & Title of Applicant:_____Phone _____
Residence Address: _____
Name of Business: _____ Address: _____
Email Address: _____

MISCELLANEOUS:	**If paid mark (X)**
Food (convenience/grocery stores and restaurants)	$50.00 ☐
Non-intoxicating beverages (soft drinks)	$20.00 ☐
Milk or Milk Products	$20.00 ☐
Second Hand/Antique Store	$50.00 ☐
Telephonic Alarm System	$30.00 ☐
Retail Gasoline Dealer: Number of Pumps _____ @ $75/ea	$____ ☐
Wholesale Storage of Petroleum: Location of Tanks Required	
Number of Tanks _____ @ $300/ea	$____ ☐
Salvage Dealer	$500.00 ☐
Automobile Wrecking Establishment.	$500.00 ☐
Hotel	$600.00 ☐
Nursing Home.	$100.00 ☐
Mobile Home Park	$100.00 ☐
Veterinary	$50.00 ☐
Public Beach.	$200.00 ☐
Bowling Alleys: Number of Alleys____ @ $20/ea	$_____ ☐
Transient Merchant: Name/Date/Location Required	
1st day @ $50, Addn @ $25/day	$_____ ☐
Peddler: (on foot) 1st day @ $25, Addn @ $10/day	$_____ ☐
(vehicle) 1st day @ $50, Addn @ $20/day.	$_____ ☐
Farmer's Market Vegetable/Fruit Stand (also need approval from Wi Co Health Dept) . . .	$50.00 ☐
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	$150.00 ☐
Pool Table: Number of Machines ___1st 10 @ $15/ea, Addn @ $25/ea	$_____ ☐
Juke Box: Number of Machines ___@ $50/ea	$_____ ☐
Other games of skill or amusement ($25.00 per machine).	$_____ ☐
Used Car Sales Lot	$200.00 ☐
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

ANNUAL APPLICATION FOR BUSINESS PERMIT LICENSE RECEIVED: _____

SEWER AND GARBAGE PAST DUE BALANCE: _____

PROPERTY TAXES PAST DUE: _____

CODE ENFORCEMENT FINES PAST DUE: _____

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