

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

July 1, 2013 to  
 June 30, 2014

Name & Title of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

**MISCELLANEOUS:**

Food (convenience/grocery stores and restaurants) .....	\$ 50.00
Non-intoxicating beverages (soft drinks) .....	\$ 20.00
Milk or Milk Products .....	\$ 20.00
Rubbish Routes: Number of trucks _____ 1st truck \$25, Addn @ \$10/ea .....	\$ _____
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 .....	\$ _____
Sanitary/Septic Service .....	\$ 35.00
Private Security System .....	\$ 200.00
Transient Merchant: Name/Date/Location Required 1 <sup>st</sup> 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 \_\_\_\_\_ 1<sup>st</sup> 5 @ \$12/ea, Addn @ \$6/ea .....

**AMUSEMENT DEVICES:** Location and type of Machines Required

Distributor Fee .....	\$ 150.00
Pool Table: Number of Machines _____ 1 <sup>st</sup> 10 @ \$15/ea, Addn @ \$25/ea .....	\$ _____
Juke Box: Number of Machines _____ @ \$50/ea .....	\$ _____
Other games of skill or amusement (\$25.00 per machine) .....	\$ _____

**JANUARY 1, 2014 TO DECEMBER 31, 2014**

Used Car Sales Lot .....	\$ 200.00
Taxi Cab: Number of Vehicles _____ @ \$30/ea .....	\$ _____
Year, Make, Model, and Serial Number Required for each vehicle.	

**TOTAL OF ALL LICENSE FEES . . . .** \$ \_\_\_\_\_

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

<b>For Office Use Only</b>	
License No.	_____
Date Approved	_____
Date Mailed	_____