

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

January 1, 2019 to
 December 31, 2019

Name & Title of Applicant: _____ Phone _____
 Residence Address: _____
 Name of Business: _____ Address: _____

MISCELLANEOUS:	If paid mark (X)
Food (convenience/grocery stores and restaurants)	\$ <u>50.00</u> ___
Non-intoxicating beverages (soft drinks)	\$ <u>20.00</u> ___
Milk or Milk Products	\$ <u>20.00</u> ___
Rubbish Routes: Number of trucks _____ 1st truck \$25, Addn @ \$10/ea	\$ _____
Second Hand/Antique Store	\$ <u>50.00</u> ___
Telephonic Alarm System	\$ <u>30.00</u> ___
Retail Gasoline Dealer: Number of Pumps _____ @ \$75/ea	\$ _____
Wholesale Storage of Petroleum: Location of Tanks Required Number of Tanks _____ @ \$300/ea	\$ _____
Salvage Dealer	\$ <u>500.00</u> ___
Automobile Wrecking Establishment.	\$ <u>500.00</u> ___
Hotel	\$ <u>600.00</u> ___
Nursing Home.	\$ <u>100.00</u> ___
Mobile Home Park	\$ <u>100.00</u> ___
Veterinary	\$ <u>50.00</u> ___
Public Beach.	\$ <u>200.00</u> ___
Bowling Alleys: Number of Alleys _____ @ \$20/ea	\$ _____
Sanitary/Septic Service	\$ <u>35.00</u> ___
Private Security System	\$ <u>200.00</u> ___
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.	\$ _____
Farmer's Market Vegetable/Fruit Stand (also need approval from Wi Co Health Dept) . . .	\$ <u>50.00</u> ___
VENDING MACHINES: Location and type of Machines Required Number of Machines _____ 1 st 5 @ \$12/ea, Addn @ \$6/ea	\$ _____
AMUSEMENT DEVICES: Location and type of Machines Required Distributor Fee	\$ <u>150.00</u> ___
Pool Table: Number of Machines _____ 1 st 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, 2019 TO DECEMBER 31, 2019	
Used Car Sales Lot	\$ <u>200.00</u> ___
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

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