

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

January 1, 2023 to  
 December 31, 2023

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

<b>MISCELLANEOUS:</b>	<b>If paid mark (X)</b>
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	
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 _____
<b>VENDING MACHINES:</b> Location and type of Machines Required	
Number of Machines ____ 1 <sup>st</sup> 5 @ \$12/ea, Addn @ \$6/ea . . . . .	\$ _____
<b>AMUSEMENT DEVICES:</b> 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). . . . .	\$ _____
<b>JANUARY 1, 2023 TO DECEMBER 31, 2023</b>	
Used Car Sales Lot . . . . .	\$200.00 _____
Taxi Cab: Number of Vehicles _____ @ \$30/ea . . . . .	\$ _____
Year, Make, Model, and Serial Number Required for each vehicle.	
<b>TOTAL OF ALL LICENSE FEES . . . .</b>	<b>\$ _____</b>

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

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