



Frank J. Lesko, City Clerk
City of Springfield, Illinois

License Application

Treasurer's Stamp

Applicant Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

Manager's Name: _____ Manager's Contact Number: _____

Please Check the Type of License(s) applied for

****Please submit proof of Insurance and/or Bond along with License Application**

Auctioneer	\$100 (LA)	Housemovers**	\$50 (PHM)
Bowling Alley	\$100 (LBA)	Mobile Home Court	\$100 (LMHC)
+per alley	\$25/each	+number of spaces	\$3/ea (LMHC)
Coin Operator		Signs **	
Less than 2 devices	\$100 (LCOD)	Class A	\$150 (LSC)
More than 2 devices	\$250 (LCOD)	Class B	\$125 (LSC)
+per device	\$50 (LCOD)	Class C	\$100 (LSC)
Dry Cleaners	\$50 (LCE)	Shooting Gallery	\$55 (LMCC)
Florist	\$25 (LF)	Skating Rink	\$50 (LMCC)
Funeral Home	\$50 (LFD)	Movie Theater	\$200 (TTE)
Gaming Table Operator	\$75 (LMCC)	+number of screens	\$100/ea (TTE)
+number of tables	\$10/each (LMCC)	Tobacco Dealer	\$25 (LCD)
		+number of devices	\$25/ea (LCD)

Applicant Signature: _____ Date: _____

For City of Springfield Use Only:

Approved:

Denied:

Date:

Inspector or Approving Authority: _____

Please return to: 300 South Seventh Street
Room 106, Municipal Center West
Springfield, IL 62701

www.springfield.il.us
cityclerk@cwlp.com
Phone: (217)789-2216 Fax (217)789-2144