



**CITY OF SPRINGFIELD
OFFICE OF THE CITY CLERK
FRANK J. LESKO**

For City of Springfield Use Only
Treasurer's Stamp

License Application

Applicant Name: _____ Business Name: _____
 Address: _____
 Mailing Address: _____
 Phone Number: _____ Email Address: _____
 Manager Name: _____ Manager Phone: _____

Select Type of License(s) Applied For

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

- | | |
|--|---|
| <input type="checkbox"/> Auctioneer \$100 (LA)
<input type="checkbox"/> Bowling Alley \$100 (LBA)
Number of Alleys _____ \$25 per Alley
<input type="checkbox"/> Coin Operator \$50 per Device (LDCO)
___ Less than 2 Devices \$100
___ More than 2 Devices \$250
<input type="checkbox"/> Convenience Store Without Gas \$100 (CSNF)
<input type="checkbox"/> Dry Cleaners \$50 (LCE)
<input type="checkbox"/> Florist \$25 (LF)
<input type="checkbox"/> Funeral Home \$50 (LFD)
<input type="checkbox"/> Gaming Table Operator \$75 (LMCC)
Number of Tables _____ \$10 per Table | <input type="checkbox"/> Housemovers ** \$50 (PHM)
<input type="checkbox"/> Mobile Home Court \$100 (LMHC)
Number of Spaces _____ \$3 per Space
<input type="checkbox"/> Sign ** (LSC)
___ Class A \$150
___ Class B \$125
___ Class C \$100
<input type="checkbox"/> Shooting Gallery \$55 (LMCC)
<input type="checkbox"/> Skating Rink \$50 (LMCC)
<input type="checkbox"/> Movie Theater \$200 (TTE)
Number of Screens _____ \$100 per Screen
<input type="checkbox"/> Tobacco Dealer \$25 (LCD)
Number of Devices _____ \$25 per Device |
|--|---|

Applicant Signature: _____ Date: _____

For City of Springfield Use Only:

Approved: _____ Denied: _____ Date: _____

Inspector or Approving Authority: _____

Return Application 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