



WINNEBAGO COUNTY

— ILLINOIS —

APPLICATION FOR LODGING FACILITY LICENSE

Winnebago County, Illinois

Date: _____

FACILITY CLASSIFICATION

The undersigned hereby applies for a New License or Renewal (check one) to construct, operate, or maintain the following: ☐ Auto Court/Resort ☐ Motel ☐ Auto Inn ☐ Roadside Hotel ☐

Other: _____

OWNER & APPLICANT INFORMATION

Legal Owner(s) of Property: *(Note: All owners must be listed for the license to be issued)*

Name _____ Address _____

Name _____ Address _____

Applicant Information: *(If the applicant is not the owner, a verified statement of authority from the owner must be attached.)*

Applicant Name: _____

Business Telephone: _____ Cell/Emergency: _____

Applicant Address: _____

FACILITY DETAILS

Proposed Business Name

(DBA): _____

Physical Address of Facility: _____

Total Number of Units/Rooms: _____

Winnebago County Clerk Lori Gummow

404 Elm St, Rm 104, Rockford, IL 61101

Phone: (815) 319- 4260 | Fax: (815) 969-0259



WINNEBAGO COUNTY

— ILLINOIS —

LEGAL AFFIDAVIT & ATTESTATION

STATE OF ILLINOIS COUNTY OF WINNEBAGO

I, the undersigned applicant, do hereby certify and agree to the following:

Compliance: I will not violate any laws of the State of Illinois or the United States of America in the conduct of this place of business.

Regulations: If a license is granted, I agree to comply with all municipal codes, zoning ordinances, and health regulations of Winnebago County.

Accuracy: I declare that the information provided in this application is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Submission Checklist for Applicants

- ☐ Completed and signed application.
- ☐ Proof of ownership or "Statement of Authority" from the owner.
- ☐ Required licensing fee (Winnebago County).
- ☐ Copy of recent Fire Marshall inspection (if applicable).

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