



ROBERT J. BURDEN, CITY CLERK  
100 HEART BOULEVARD  
LOVES PARK IL 61111  
815-654-5034

LICENSE NO \_\_\_\_\_  
(For Office Use)

SELF-SERVICE GASOLINE STATION LICENSE APPLICATION

(LICENSING YEAR SEPTEMBER 1 to AUGUST 31)

APPLICATION FEE: \$175.00 \_\_\_\_\_

RENEWAL FEE: \$75.00 \_\_\_\_\_

STATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

STATION OWNER/OPERATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NUMBER OF PUMPS  
DISPENSING PUMPS \_\_\_\_\_

NUMBER OF  
DISPENSING HOSES \_\_\_\_\_

STATE OF IL. SELF SERVICE PERMIT# \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_

I, hereby agree to comply with the requirements of City Ordinance No. 42-113 for the regulation of self-service stations and City Ordinance No. 42-115 for unattended self-service gas stations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## Fire Department Inspection Report SELF-SERVICE GAS STATIONS

APPROVED	NOT APPROVED	REQUIREMENT
_____	_____	Immediate access to emergency master shut-off switch for all gas pumps. Such controls shall not be more than 100 feet from dispensers.
_____	_____	At least one ABC type fire extinguisher, with a capacity of ten pounds, shall be located at the attendant's control station.
_____	_____	Unattended self-service only. Ground and overhead fire suppression system
_____	_____	Sign bearing the following words in <b>BLOCK</b> letters at least two inches high, conspicuously posted on each gasoline pump island where self-service gasoline is offered: <b>"STOP ENGINE"</b> <b>"NO SMOKING"</b> <b>"WARNING—IT IS UNLAWFUL TO DISPENSE GASOLINE INTO UNAPPROVED CONTAINERS"</b>
_____	_____	Signs giving instructions for the operation of gasoline dispensing equipment in BLOCK letters at least 1/2" inch high, conspicuously posted at each station offering self-service.
_____	_____	No live-in facilities upon service station premises.
_____	_____	Signs constructed of rigid, weather-resistant material.
_____	_____	Unattended quarterly suppression dry chemical System Inspection Report
_____	_____	State of Illinois Self-Service Permit. Permit No. _____ Renewal Date _____

Comments: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_