

BUSINESS LICENSE - NEW

Application for New Business License
May 1, 2023 – April 30, 2024



INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

This Application is for businesses applying for a new Business License.
To make changes to an existing Business License, please click [here](#).

1. GENERAL APPLICATION INFORMATION

Business Name (DBA): _____

Business Address: _____ Wheeling, IL 60090

Business Phone #: _____ Email: _____

Website Address: _____

Please provide at least one of the following and attach a copy:

FEIN #: _____
(Federal Employer Identification Number)

IBT #: _____
(Illinois Business Tax Number)

State Entity Name: _____
(Illinois Secretary of State Entity Name)

File #: _____
(Illinois Secretary of State File Number)

State of Illinois License: _____

Issuing State Agency: _____

Identify any other State License and Issuing State Agency

Business Ownership Type: Individual Partnership* Corporation*
 Trust* Limited Liability Co.* Nonprofit Association*

**All officers, partners, managing agents, etc. shall be identified by name and address (please provide a separate list to accompany this Application).*

Business Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Business Contact Name: _____

Please provide contact person responsible for business license and address where all business license correspondence will be mailed (if different from above).

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

PLEASE CONTINUE TO NEXT PAGE OF APPLICATION

BUSINESS LICENSE APPLICATION

Application for New Business License
May 1, 2023 – April 30, 2024



2. BUSINESS TYPE INFORMATION

Please check all that apply then complete any additional forms as noted.

A FOOD SERVICE ESTABLISHMENTS OR RETAIL FOOD STORE

For food service & retail food establishments, attach a list of the types of foods to be served/sold at the premises. Include type of food service (full service restaurant, carry-out, retail pre-packaged only, etc.). Restaurants also need to include the number of seats for both indoor & outdoor seating.

- 1 **Consumption Off Premises** \$112.50 [Forms: [Health Permit](#) & [Tax Registration](#)]
- 2 **Consumption On Premises** \$180.00 [Forms: [Health Permit](#) & [Tax Registration](#)]

Additional fees will be applied based on the following food service health risk level:

High Risk \$823.75 Medium Risk \$516.75 Low Risk \$164.75

B AMUSEMENTS \$75.00

C BUSINESSES CATERING TO THE PUBLIC (OTHER THAN THOSE IN "A" AND "B" ABOVE)

- 1 **Wholesale & Retail Sales** \$75.00
- 2 **Hotels/Motels** \$7.50 flat charge
\$4.50 per _____ Total Units
- 3 **Personal Services** \$97.50
- 4 **Professional Services** \$75.00
- 5 **Taxicabs/Limos** \$45.00 flat charge
\$30.00 per _____ vehicle
- 6 **Scavenger Services** \$524.75

- 7 **Other Services to the General Public** \$90.00
Salvage, Pawn Brokers, Cash for Gold, etc. [Forms: Background Check – Wheeling Police]
Childcare Service or Caring for Children [Forms: Background Check – Wheeling Police & [Health Permit](#) – any food service]

D BUSINESSES NOT SERVICING/SELLING DIRECTLY TO THE PUBLIC \$67.50 (Example: warehouse, manufacturing, production, storage, etc.)

E TEMPORARY BUSINESSES/SALES (MAXIMUM 2 MONTH BUSINESS LICENSE) \$60.00 (Example: holiday tree lot, seasonal decorations and merchandise, etc.)

F COIN-OPERATED DEVICES (PER DEVICE) [Form: [Coin-Op Device Form](#)]

- 2 **Jukeboxes, Other** \$30.00/device
- 3 **Potentially Hazardous Foods** \$75.00/device
- 4 **Other Coin-Op General** \$15.00/device
- 5 **Amusement Device** \$60.00/device

G ITINERANT MERCHANTS/SOLICITORS, ETC.

- 1 **Ice Cream/Food Wagons** [Forms: [Health Permit](#)]
\$105.00 per _____ vehicle
- 2 **Other Food Delivered to Homes** [Forms: [Health Permit](#)]
\$52.50 per _____ vehicle
- 3 **Non-Food Wagons**
\$37.50 per _____ vehicle
- 4 **Other** (minimum \$20.00)
\$15.00 per person per day

H RETAIL CIGARETTE SALES (OTHER THAN MACHINE) \$112.50

AMUSEMENT LICENSE

- A **Amusement License Fee** \$150.00
- B **Food-Health Inspection Fee** \$45.00 [Forms: [Health Permit](#)]
- C **Mechanical Inspection Fee** \$22.50 per ride

ME MESSAGE ESTABLISHMENT \$140.50 [Forms: Background Check – Wheeling Police, [Massage Establishment Requirements](#)]

BUSINESS LICENSE APPLICATION

Application for New Business License
May 1, 2023 – April 30, 2024



2. BUSINESS TYPE INFORMATION - CONTINUED

Please complete the following information and proceed to Section 3 on next page of this Application.

Briefly describe the type of business, operations, and daily work functions that will take place at the facility:

Total Number of Employees: _____ Maximum Employees on One Shift: _____ Hours of Operation: _____

Total Area of Occupied Space: _____ sq. ft. Is any of the space shared/intermingled with another business? _____

Briefly describe the nature of products and/or services provided:

Do you operate/own any similar businesses, if so, please provide the business names and physical addresses:

Describe your customers and how they receive your products and/or services:

	<u>Vehicle Type</u>	<u>Number of Vehicles</u>
Please identify any company vehicles associated with this business: <i>(Please check all that apply)</i>	<input type="checkbox"/> Passenger Truck/Car	_____
	<input type="checkbox"/> Box Truck	_____
Please identify if such vehicles will remain on site overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Semi-Truck	_____
	<input type="checkbox"/> Van	_____

Please identify if any inventory/materials will be stored outside the building (including vehicles and equipment), and include details on items to be stored outside and where they will be located:

Please identify if any hazardous materials will be stored on site, provide a detailed list of such materials:

Additional Requirements:

Floor Plan

All applications must include a floor plan drawn to scale showing the overall layout (as viewed from above). Include the layout of all rooms, interior spaces, and other physical features of the space being occupied. Floor plans need to also include details of fixtures such as sinks, water heaters, furnaces, furniture, etc. Dimensions are to be provided to specify room sizes. Please see attached sample floor plan.

PLEASE CONTINUE TO NEXT PAGE OF APPLICATION

BUSINESS LICENSE APPLICATION

Application for New Business License
May 1, 2023 – April 30, 2024



3. APPLICANT ACKNOWLEDGEMENT

This section is to be completed and signed by the person completing this Application

Applicant Name: _____

I, as the Applicant, hereby acknowledge and understand the contents of this application; that the information provided herein is true and understand that any false information given shall be cause for revocation of any licenses issued herein. I further state that I have viewed all appropriate village ordinances relating to the operation of a business and that unless all ordinances are complied with, no license will be issued.

Applicant Signature

Date

4. PROPERTY OWNER CONSENT

This section is to be completed and signed by the owner of the space/property identified on this Application

Owner of Record Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

The undersigned, does state that he/she is the owner of record for the property located at:

_____ as set forth herein and that the Applicant, as identified on this Application, has been authorized to submit this Application and that the proposed business operations and all related action(s) at the subject property as identified herein are hereby authorized, subject to the issuance of a Village of Wheeling Business License.

Property Owner Signature

Date

END OF APPLICATION