

BUSINESS LICENSE - UPDATE

Application to Update Existing Business License
Revised 2/1/2021



INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

1. BUSINESS INFORMATION

Business Name (DBA): _____

Business Address: _____ Wheeling, IL

Business Phone #: _____ Email: _____

FIEN #: _____ IBT #: _____
(Federal Employer Identification Number) (Illinois Business Tax Number)

State of Illinois Business License: Yes No If Yes, State License #: _____
(Attach Copy)

2. CHANGE TO EXISTING LICENSE

Wheeling Business License #: _____

Please Select the Following Item(s) to Update

Business Name Change or Contact Info Update

Business Name (DBA): _____

Business Phone #: _____ Email: _____

Business Address Change

PZR

New Address*: _____

**If location is leased, please complete Property Owner Information in Section 4 of this Application.*

Business Ownership/Management or Contact Person Update

Please provide contact person responsible for business license and address where all business license correspondence will be mailed.

Business Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

Local Contact/Manager Name: _____

If different from above.

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

BUSINESS LICENSE UPDATE APPLICATION

2020 PRINT FORM
COMMUNITY DEVELOPMENT



3. APPLICANT ACKNOWLEDGEMENT

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

Property Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

The undersigned, being duly sworn on oath, does state that he/she is the owner of the property as set forth herein and that the Applicant, identified as _____, has been authorized to submit this application for the property located at: _____ and that the application and proposed business operations and all related action(s) at the subject property identified in this application are hereby authorized.

SUBSCRIBED and SWORN

to before me this _____ day

of _____, _____

Property Owner Signature

Date

Notary Public