

# BUSINESS LICENSE APPLICATION

April 30, 2022- April 30, 2023



## INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

### 1. BUSINESS INFORMATION

Business Name (DBA): \_\_\_\_\_

Business Address\*: \_\_\_\_\_ Wheeling, IL 60090  
*\*If location of business is leased, please complete Property Owner Information in Section 4 of this Application.*

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)

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

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: \_\_\_\_\_

### 2. BUSINESS LICENSE TYPE

*Please complete the following and proceed to Section 2D on next page of this Application.*

#### 2A. Business Information:

Total Number of Employees: \_\_\_\_\_ Maximum on One Shift: \_\_\_\_\_ Total Area of Occupied Space: \_\_\_\_\_ sq. ft.

**2B. Business Narrative (All New Business License Applications):** Include a letter, on company letterhead is preferred, which provides a detailed description of the business and its operations, including a list of hazardous materials and commercial vehicles. For food service and retail food establishments, the letter must include a list of the types of foods that will be served/sold at the premises. Include type of food service; i.e., full service restaurant, carry-out, retail pre-packaged only, etc. Restaurants also need to include the number of seats (indoor and outdoor).

PLEASE CONTINUE TO NEXT PAGE OF APPLICATION

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Application for New Business License  
Revised 1/28/2021



2C. Business Type (check all that apply, then complete additional forms as noted)		Fee
<b>A Food</b>		
1	<input type="checkbox"/> Consumption Off Premises [Forms: <a href="#">Health Permit</a> & <a href="#">Tax Registration</a> ]	109.25
2	<input type="checkbox"/> Consumption On Premises [Forms: <a href="#">Health Permit</a> & <a href="#">Tax Registration</a> ]	174.75
Additional fees will be applied based on the following food service health risk level:		
	High Risk Establishment	799.75
	Medium Risk Establishment	501.25
	Low Risk Establishment	160.00
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<b>B</b>	<input type="checkbox"/> Amusements	73.00
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<b>C Businesses Catering to the Public (Other than those in "A" and "B" above)</b>		
Salvage, Pawn Brokers, Cash for Gold, etc. [Forms: <b>Background Check – Wheeling Police</b> ]		
1	<input type="checkbox"/> Wholesale & Retail Sales	73.00
2	<input type="checkbox"/> Hotels/Motels (flat charge)	7.50
	Hotels/Motels per Unit	Total Units: _____ @ 4.50/unit
3	<input type="checkbox"/> Personal Services [Forms: <a href="#">Health Permit</a> ]	94.75
4	<input type="checkbox"/> Professional Services	73.00
5	<input type="checkbox"/> Taxicabs/Limos (flat charge)	43.75
	Taxicabs/Limos (per vehicle)	Total Vehicles: _____ @ 29.25/car
6	<input type="checkbox"/> Scavenger Services	509.50
7	<input type="checkbox"/> Other Services to the General Public	87.50
8	<input type="checkbox"/> Sale of Items Designed for Use with Illegal Drugs	218.50
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<b>D</b>	<input type="checkbox"/> Businesses Not Servicing/Selling Directly to the Public	65.50
	<input type="checkbox"/> Childcare Service or Caring for Children	
[Forms: <b>Background Check – Wheeling Police, <a href="#">Health Permit</a> – any food service</b> ]		
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<b>E</b>	<input type="checkbox"/> Temporary Businesses	58.25
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<b>F Coin-Operated Devices (per device) [Form: <a href="#">Coin-Op Device Form</a>]</b>		
1	<input type="checkbox"/> Cigarette Machines @ 109.25	4 <input type="checkbox"/> Other Coin-Op General @ 14.75
2	<input type="checkbox"/> Jukeboxes, Other @ 29.25	5 <input type="checkbox"/> Amusement Device @ 58.25
3	<input type="checkbox"/> Potentially Hazardous Foods @ 73.00	
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<b>G Itinerant Merchants/Solicitors, Etc.</b>		
1	<input type="checkbox"/> Ice Cream/Food Wagons (per vehicle)	Total Vehicles: _____ @ 102.00
	[Form: <a href="#">Health Permit</a> ]	
2	<input type="checkbox"/> Other Food Delivered to Homes	Total Vehicles: _____ @ 51.00
	[Form: <a href="#">Health Permit</a> ]	
3	<input type="checkbox"/> Non-Food Wagons (per vehicle)	Total Vehicles: _____ @ 36.50
4	<input type="checkbox"/> Other (per person per day) – minimum \$20.00	14.75

