



CITY OF WHEELING
1500 CHAPLINE STREET ROOM 115
WHEELING, WV 26003-3553
QUESTIONS-INQUIRIES (304)234-3653
OFFICE HOURS: MONDAY THRU FRIDAY 8:30 to 5:00

CERTIFICATION AND APPLICATION FOR CITY BUSINESS LICENSE NO.

ACCOUNT #

Effective Date: _____

Expiration Date: _____

Business Address: _____

Business Phone: _____

Alternate Phone: _____

**** IMPORTANT NOTICE ****

CITY OF WHEELING CODIFIED ORDINANCE 701.12 STATES NO LICENSE SHALL BE ISSUED TO ANY APPLICANT WHO OWES A FINANCIAL DEBT TO THE CITY RESULTING FROM NON-PAYMENT OF ANY TAX, FEE, LIEN, SERVICE CHARGE OR ASSESSMENT.

INSTRUCTIONS FOR ACCOUNT CHANGES OR CLOSING OF ACCOUNT:

IF YOU ARE NO LONGER IN BUSINESS OR DO NOT WISH TO RENEW THIS LICENSE WITH THE CITY OF WHEELING, PLEASE SO INDICATE ON THIS FORM (IN WRITING) OR BY SEPARATE LETTER. BE SURE TO REPORT YOUR GROSS RECEIPTS AND FILE YOUR "FINAL" BUSINESS & OCCUPATION TAX RETURN FOR THE PERIOD WHICH YOU LAST CONDUCTED BUSINESS. (A Business & Occupation Tax Return Form will be provided upon request)

IF THERE IS A CHANGE IN YOUR BUSINESS NAME, MAILING ADDRESS OR SITE ADDRESS, PLEASE MAKE NOTE ON THIS FORM.

IF BUSINESS IS NOW UNDER NEW OWNERSHIP, LICENSES ARE NON-TRANSFERRABLE. (IT WOULD BE NECESSARY FOR THE NEW OWNER TO CONTACT THE CITY OF WHEELING TO MAKE APPLICATION). IF YOU HAVE SOLD YOUR BUSINESS, PLEASE PROVIDE THE NAME AND ADDRESS OF THE NEW OWNER, AND THE DATE YOU LAST CONDUCTED BUSINESS

↓ **SIGN, DATE AND RETURN BOTTOM PORTION WITH PAYMENT MADE PAYABLE TO "CITY OF WHEELING"** ↓

CITY OF WHEELING BUSINESS LICENSE APPLICATION NO.

1500 Chapline Street, Room 115, Wheeling, WV 26003-3553

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO OPERATE A BUSINESS OR PROFESSION AS INDICATED HEREON AND DOES CERTIFY THAT THE INFORMATION GIVEN IS, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, TRUE, AND CORRECT.

Effective Date: _____

Expiration Date: _____

Business Address: _____

ACCOUNT #

Total License Fee	
Penalty	
TO TAL DUE	

Signature

Title

Date