



Wheeling
WEST VIRGINIA

City of Wheeling
New Business License Assessment Sheet

Business Name: _____

Business Address: _____

Applicant's Name: _____ Signature: _____

Applicant's Address: _____ Phone Number: _____

Building Owner: _____ Phone Number: _____

Proposed Business Use: _____

Zoning Officer

234-3701

Building Inspector
234-3601

Business (did / did not) submit building plans

Electrical Inspector
234-3601

Business (did / did not) submit electrical plans

Fire Inspector
234-3726

Health Inspector
234-3682

Police Chief
234-3708

(Continue on reverse side)

In order to accelerate the licensing process, please answer the following questions where (Y) = yes, (N) = no and (U) = unsure:

1. Does your business provide off-street (private) parking? (Y) (N) (U)
2. Will your business be erecting a sign? (Y) (N) (U)
3. Is your business required to obtain ABCC licensing? (Y) (N) (U)
4. Do you plan to enlarge the footprint of the building? (Y) (N) (U)
5. Does the proposed business necessitate any **plumbing** repairs / modifications / upgrades or installations? (Y) (N) (U)
6. Does the proposed business necessitate any **structural** repairs / modifications / upgrades or installations? (Y) (N) (U)
 - o If 'yes' then an evaluation from a WV registered structural engineer is necessary.
7. Does the proposed business necessitate any **non-structural** repairs / modifications / upgrades or installations? (Y) (N) (U)
8. Does the proposed business necessitate any **H.V.A.C.** repairs / modifications / upgrades or installations? (Y) (N) (U)
9. Does the proposed business necessitate any **electrical** repairs / modifications / upgrades or installations? (Y) (N) (U)
10. Is the current structure handicap accessible? (Y) (N) (U)

If the proposed business is a **restaurant** the following apply:

- an equipment layout and power schedule need to be provided to Inspector
- Hood installation to be installed by WV Contractor licensed for hoods & fire suppression

***All contractors need WV license**

***Fire Inspectors will review building for egress**

**CITY OF WHEELING
NEW BUSINESS AND B & O TAX FILE INFORMATION**

1. B & O FILING TYPE= Q-QUARTERLY A-ANNUAL T-TEMPORARY

2. INDIVIDUAL NAME _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____

5. CITY STATE ZIP _____

6. PHONE # _____

7. ALT PHONE # _____

8. EMAIL ADDRESS _____

9. BUSINESS START DATE _____

10. FEIN _____

11. SOCIAL SECURITY # _____

12. DESCRIPTION OR NATURE OF BUSINESS

13. _____

14. _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS

SIGNATURE OF OWNER OR AGENT
