



Business Registration Form

City of Wilmington

1165 S. Water Street
Wilmington, IL 60481
Phone 1-815-476-2175

I intend to:

- Open a new business in Wilmington Tentative Opening Date _____
- Change the name of the business
- Relocate my existing Wilmington business
- Change ownership of an existing business
- Renew my existing Wilmington business

Total Square Footage _____

Tobacco products will be sold on the premises? No Yes

Liquor will be served or sold on the premises? No Yes

Video Gaming Terminals will be used on the premise? No Yes

If yes, how many terminals _____

Do you plan to build or remodel the existing space to accommodate your business?

No Yes If yes, please complete a building permit application

If, as a tenant, you will be taking over the responsibility of paying the water and sewer bills, a new account must be set up.

Do you: Own the property Lease the property

Annual Registration Fees:

(Due at the time of application)

Less than 5,000 sq ft =	\$50
5,000 up to 9,999 sq ft =	\$100
10,000 up to 24,999 sq ft =	\$250
25,000 up to 49,999 sq ft =	\$500
50,000 up to 99,999 sq ft =	\$750
100,000 up to 749,999 sq ft =	\$1,250
750,000 sq ft or more =	\$1,500
Tobacco Products =	\$50

Additional fees will apply for liquor and video gaming terminals

Registration Information

Business Name: _____

D/B/A (if applicable): _____

Business Address (include suite #): _____ Wilmington, IL 60481

Mailing Address (if different): _____

Description of Business: _____

Zoning Classification: _____

Is this a permitted use? Yes No

IL DOR No. _____

Federal ID No. _____

Business Phone No. _____

Business Email: _____

Website URL: _____

Days & Hours of Operation: _____

Number of Employees (expected) Full-Time: _____ Part-Time: _____

Type (check one): Corporation LLC PC Individual Partnership Other _____

Do you: Own the property Lease the property

Applicant Information

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Business Home

Alt. Phone Number: _____ Cell Business Home

Emergency Contact for Police, Fire, or Other:

1. Contact: _____ Cell: _____ email: _____

2. Contact: _____ Cell: _____ email: _____

Alarm Systems (check one): Yes No Type(s) check all that apply: Fire Theft

Property Owner or Management Co.: _____ Phone: _____

Is there storage of flammable materials on the property, other than cleaning products: Yes No

If yes, what type of materials? _____

Are there residential units attached to the business: Yes No

If yes, how many units & what is the location? _____

I certify that the above information is correct:

Print Name: _____ Position/Title: _____

Signature: _____ Date: _____

❖❖❖❖❖ For Office Use Only ❖❖❖❖❖

Application Approved Denied

Reason for Denial (if applicable)

Amount Paid \$ _____

Method of Payment _____

Business License Issued On _____

Expiration Date _____