

CITY OF
ARCADIA**BUSINESS LICENSE APPLICATION****THIS APPLICATION IS INVALID AFTER THIRTY (30) DAYS**

Development Services Department, Business License Division, 240 W. Huntington Drive, Post Office Box 60021, Arcadia, CA 91066-6021

Please check one: ☐ New Application ☐ Change of Owner ☐ Change of Business Name☐ Retail ☐ Wholesale ☐ Service ☐ Service/Delivery ☐ Professional ☐ Home Occupation ☐ Warehouse
☐ Property Ownership ☐ General Contractor ☐ Subcontractor ☐ Massage Therapist ☐ Other**Business Name** _____**Business Address** _____**Unit No.** _____**OFFICE USE ONLY**

Business License No. _____

Expiration Date _____

Mailing Address _____**Unit No.** _____**Ownership:****City** _____**State** _____**Zip** _____☐ Corporation**Business Phone** () _____**Email Address** _____☐ Partnership**Is your business located in the City of Arcadia?** ☐ Yes ☐ No**Start Date** _____☐ Sole Proprietor**Description of Business** _____☐ Trust☐ Corp-Ltd Liability☐ Ltd Partnership**State License No.** _____**License Type** _____**Expiration Date** _____**Seller's Permit No.** _____**Federal Employee I.D. No.** _____*****Confidential*******Enter below names of Owners, Partners, or Corporate Officers. Use additional sheets as necessary. For Sole or Partnership Only – List address where each individual consents to receive service of process.****Owner Name** _____**Title** _____**Phone** () _____**Home Address** _____**Cell Phone** () _____**City** _____**State** _____**Zip** _____**Email** _____**Social Security No. or Taxpayer ID No.** _____**Driver's License No. or ID No.** _____**Owner Name** _____**Title** _____**Phone** () _____**Home Address** _____**Cell Phone** () _____**City** _____**State** _____**Zip** _____**Email** _____**Social Security No. or Taxpayer ID No.** _____**Driver's License No. or ID No.** _____**Please provide alternate business/emergency contact information:****Name/Title** _____**Email** _____**Phone** () _____**Arcadia Business List:**The City maintains a list of new businesses that is made available to the public. Only information that is "Public Record" will appear on the business list. Please indicate if you would like to be added to the list by selecting: ☐ Yes or ☐ No*******OFFICE USE ONLY - BUSINESS LICENSE FEES*******

Base/Professional fee _____ + Semi-professional fee (if applicable) _____ + Per employee fee _____ +

Per vehicle _____ + Planning Review fee _____ + Processing fee \$11.30 + SB1186 fee \$4.00 =

Total: _____**I/WE CERTIFY THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION AND THEY ARE TRUE AND CORRECT.****Date** _____**Signature of Applicant(s)** _____