



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

OFFICE USE ONLY

Business Name

Business License No. _____

Business Address

Unit 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**

State License No. _____ **License Type** _____ **Expiration Date** _____ **Ltd Partnership**
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)** _____