



BUSINESS LICENSE APPLICATION

Development Services Department, Business License Office
240 West Huntington Drive, Post Office Box 60021, Arcadia, CA 91066-6021
(626) 574-5430, Fax (626) 821-4336, www.ci.arcadia.ca.us

City of
Arcadia

THIS APPLICATION IS INVALID AFTER THIRTY (30) DAYS.

Please check one: New Application Change of Owner Change of Address Change of Business Name

Retail Wholesale Service Service/Delivery Professional Home Occupation
 Property Ownership General Contractor Subcontractor Warehouse Other

Business Name _____

Business Address _____

Mailing Address _____

Business Phone (____) _____ Business Fax (____) _____

Is your business located in the City of Arcadia? Yes No Start Date _____

Description of Business _____

State License No. _____ License Type _____ Expiration Date _____

Resale No. _____ FEIN No. _____ SEIN No. _____

Enter below names of Owners, Partners, or Corporate Officers. Use additional sheets as necessary.

Owner Name _____ Title _____ Phone (____) _____
Home Address _____ Cell Phone (____) _____
City _____ State _____ Zip _____ e-mail _____
Social Security No. _____ Driver's License No. _____

Owner Name _____ Title _____ Phone (____) _____
Home Address _____ Cell Phone (____) _____
City _____ State _____ Zip _____ e-mail _____
Social Security No. _____ Driver's License No. _____

In case of emergency, please contact:

Name/Title _____ e-mail _____ Phone (____) _____
Address _____ City _____ State/Zip _____ Cell Phone (____) _____

TYPE OF BUSINESS	BUSINESS LICENSE FEE
____ Retail/Wholesale/Service	Base fee _____ + _____ per employee + _____ per vehicle
____ Service/Delivery	Service vehicles going to a location in Arcadia. _____ per vehicle
____ General Building Contractor	Base fee _____ + _____ per vehicle
____ Specialty Building Contractor	Base fee _____ + _____ per vehicle
____ Professional	_____ per professional + _____ per semi professional + _____ per employee
____ Property Ownership	Commercial: Base fee _____ + _____ per unit over two (2)
____ Processing Fee	Apartments: Base fee _____ + _____ per unit over four (4)
____ Other	____ Penalty – There is a 100% penalty on any business operating in the City of Arcadia without a valid license.
SB1186 \$1.00 Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx . The Department of Rehabilitation at www.rehab.cahwnet.gov . The California Commission on Disability Access at www.ccca.ca.gov	

•OFFICE USE ONLY•
Business License No. _____
Expiration Date _____

Ownership:
 Corporation
 Partnership
 Sole Proprietor
 Trust
 Corp-Ltd Liability
 Limited Partnership

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Owner or Representative _____ Date _____
(Return entire application form to above Post Office Box and make check payable to the City of Arcadia.)

FAXED APPLICATIONS ARE NOT ACCEPTED

The Arcadia Municipal Code requires that all businesses obtain a business license. All businesses are required to comply with all City codes and must be approved by the Development Services Department. It is the responsibility of the applicant to maintain an active business license by renewing annually.