



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 License No. _____

Expiration Date _____

Business Name _____

Business Address _____

Mailing Address _____

Unit No. _____

Ownership:

City _____

State _____

Zip _____

Corporation

Business Phone () _____

Business Fax () _____

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 () _____

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 () _____

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 \$10.00 + 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) _____