



CITY OF ARCADIA

Attn.: Business License Office • 240 West Huntington Drive • P.O. Box 60021 • Arcadia, CA 91066
(626) 574-5430, Fax (626) 821-4336, www.ci.arcadia.ca.us

BUSINESS LICENSE APPLICATION - City Review and Approval

PLEASE PRINT CLEARLY – All questions must be answered.

Business Name _____	Business Phone () _____
Business Address _____	Business Fax () _____
Owner of Business _____	Phone () _____
Owner of Building _____	Phone () _____
Type of Business _____	
Describe business activity in detail _____	
Previous type of business at this address _____	
Date when previous business was closed? _____ Is this a change of business ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you propose any alterations to the building? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will training or classes be conducted on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, how many persons will be attending? _____	
List the types and amount of flammable or explosive liquids to be used (if any): _____	

WASTEWATER DISCHARGE QUESTIONNAIRE SECTION:

Will your business discharge wastewater from other than restrooms, drinking fountains, showers, or air conditioners used for human comfort? YES NO

Will your business discharge any wastewater from any manufacturing, processing, institutional, commercial, or any other operation where the wastewater includes significant quantities of non-human origin? YES NO

If your business is the same as the previous tenant, did the previous tenant have an Industrial Wastewater Discharge Permit? YES NO

Please check if your business includes one of the following:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Commercial Laboratory	<input type="checkbox"/> Auto Dealer	<input type="checkbox"/> Hospital with Overnight Beds
<input type="checkbox"/> Hotel	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Auto Repair Shop	<input type="checkbox"/> Radiator Shop
<input type="checkbox"/> Retail Food Sales	<input type="checkbox"/> Chemical Laboratory	<input type="checkbox"/> Automotive Service Station	<input type="checkbox"/> Centralized Food Processing Facility
<input type="checkbox"/> Bakery	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Car Wash or Truck Wash	<input type="checkbox"/> Centralized Film Processing Facility
<input type="checkbox"/> School	<input type="checkbox"/> Film Processing Service	<input type="checkbox"/> Kennel and Animal Hospital	<input type="checkbox"/> Cleaner and Laundry (not-coin operated)

I CERTIFY THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION AND THEY ARE TRUE AND CORRECT.

Date: _____ Signature of Applicant: _____

• OFFICIAL USE ONLY •

DEVELOPMENT SERVICES	APPROVALS	WASTEWATER DISCHARGE PERMIT
ZONING _____	INSPECTIONS MUST BE MADE AND APPROVED PRIOR TO ISSUANCE OF A BUSINESS LICENSE BY THE FOLLOWING DEPARTMENTS IF CIRCLED:	AN INDUSTRIAL WASTEWATER DISCHARGE PERMIT: <input type="checkbox"/> IS NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED <input type="checkbox"/> IS REQUIRED
COMMENTS _____		
C.U.P. # (if any) or CONDITIONS _____	FIRE DEPARTMENT <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date: _____ By: _____	Date: _____
PLANNING REVIEW: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CONDITIONALLY APPROVED Date: _____ By: _____	BUILDING DIVISION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date: _____ By: _____	Reviewed By: _____
REDEVELOPMENT AGENCY REVIEW (if required) Date: _____ By: _____	HEALTH DEPARTMENT <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date: _____ By: _____	COPIES TO BE SENT TO THE FOLLOWING FOR INFORMATION ONLY: <input type="checkbox"/> Fire Department <input type="checkbox"/> Building Division <input type="checkbox"/> Health Department <input type="checkbox"/> Pasadena Humane Society
BUSINESS LICENSE NO. _____		
ACCOUNT NO. _____		

FAXED APPLICATIONS ARE NOT ACCEPTED