



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

THIS APPLICATION IS INVALID AFTER THIRTY (30) DAYS.

City of
Arcadia

Please check one:

- New Application Change of Owner Change of Address Change of Business Name Home Occupation

- Retail Wholesale Service Service/Delivery General Contractor Subcontractor
 Professional Property Ownership Manufacturing Industrial Warehouse Other

• OFFICE USE ONLY •

Business License No. _____
 Expiration Date _____

Business Name _____

Business Address _____
City _____ State _____ Zip _____

Mailing Address _____
City _____ State _____ Zip _____

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. _____

Ownership:

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

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

Alarm Company (if applicable)

Name _____ Phone (____) _____
 Address _____ License No. _____
 City _____ State _____ Zip _____

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.	

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