

APPLICATION FOR RV PARK LICENSE

Date: _____

License Fee: _____
\$25 (2-10) travel trailers
\$50 (more than 10)

Date Paid: _____

CITY OF ARCADIA
150 W. Orchard St.
Arcadia, MO 63650

Name of Business: _____

Business Street Address _____

Business Mailing Address _____

Sales Tax No. _____

Name of Owner _____ Phone No.: _____

Owner's Address: _____

Name of Manager: _____ Phone No.: _____

Manager's Address: _____

Name/Phone of person to contact at night: _____

1. Location and legal description of the travel trailer park:

_____ (may be attached)

2. Complete plan of the park in conformity with the requirements of Section 6 of the Travel Trailer Park Ordinance.

_____ (may be attached)

3. Plans and specifications of all buildings, improvements and facilities constructed or to be constructed within the travel trailer park.

_____ (may be attached)

I/We understand this RV Park License authorizes only services for the activity described above.

Applicant