

APPLICATION FOR BUSINESS LICENSE

License No. : _____
Date: _____
License Fee: \$25
Date Paid: _____

CITY OF ARCADIA
150 W. Orchard
Arcadia, MO 63650

Date: _____ Business Telephone No.: _____

Name of Business: _____

Please indicate owner status: _____ Individual _____ Partnership _____ Corporation

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: _____

Name and Detailed description of business activity:

How many employees will be employed: _____

Are there any flammable material or explosive items stored or used in this business?
DETAILED LISTING FOR HAZARDOUS MATERIALS, FLAMMABLE,
COMBUSTIBLE, POISONOUS, Etc.: _____

Have you ever been convicted for an offense other than minor traffic violation, served a jail or prison sentence, or been on court probation ? _____ If yes, give details.

I/We understand this Business License authorizes only the vending of goods, wares, merchandise, and /or services for the activity described above.

Applicant