



CITY OF ARCADIA
BUSINESS TAX RECEIPT
(Formerly Occupational License)
APPLICATION

Filing this application does NOT allow applicant to operate or engage in any type of business until the City issues a Business Tax Certificate to the applicant. More than one business at a location will result in a minimum utility charge for each business. Any person, firm, or corporation who shall engage in any occupation, business or profession without an occupation license shall be punished in accordance with the City Code. All businesses within the City must also obtain a County Business Tax Certificate.

Date: ___/___/___

Applicant _____ Title _____

Address _____ Phone _____

Business Name _____ Business Address _____

Type of Occupation _____ Sales Tax # _____

Property Owner _____ Address _____

Mail Renewal Notice to: _____

Manager's Name/Address: _____

(Fictitious Names, if required, must be recorded and proof attached to this application).

Fill in all applicable items below:

Merchants: Beginning stock value (your cost) \$ _____

() Restaurant Number of Seating _____

() Hotel () Motel () Apartments # of Rental Units _____

Name and address of person holding State Certificate: _____ (A copy of the Hotel & Restaurant Commission Certificate must be attached)

() Registered Number _____ Expiration Date: _____

Coin Operated Machines: () Washers # _____ () Dryers # _____ () Vending Machines # _____ () Video Games # _____ () Pool Tables # _____ () Juke Box # _____

(A list of addresses for the location(s) of each machine must be attached)

Property owners or their authorized agent shall submit a separate application with applicable fees for review and approval of all business signage in accordance with the City of Arcadia's sign code. The undersigned understands that the business, profession, or occupation for which a City of Arcadia Business Tax Certificate is being applied for requires State and/or County certification, and registration of a fictitious name; and that such certification and/or registration, if any, are obligations of the applicant.

_____(Applicant's signature) _____(Title)

Systems Dept: Date _____ Comments: _____ Signature: _____

City Code: Date _____ Comments: _____ Administrator: _____

The applicant has preliminarily met the zoning requirements of the City of Arcadia and is now eligible to apply for a DeSoto County Business Tax Receipt. Assist. City Admin. _____

A City of Arcadia Business Tax Certificate will be issued upon bringing the DeSoto County Business Tax Certificate to Arcadia City Hall.