ATTN: OCCUPATIONAL LICENSE DEPARTMENT

402 Green Street

P.O. Drawer 5548

Thibodaux, LA 70302

985-493-6655 OR 800-834-8832

Fax 985-492-6008

A close up of a sign

Description automatically generated**Application for Occupational License**

BUSINESS NAME

PHYSICAL ADDRESS

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE NUMBER (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER’S PHONE NUMBER (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*(Area Code) + 7-digit phone no.

FEDERAL TAX ID#

(if no Federal Tax ID – must provide Social Security number)

\*\*contact U.S. Dept. of Revenue (IRS) ...................... 1-800-829-3676

STATE SALES TAX ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*contact La. Dept of Revenue ...................................1-225-219-7462

PARISH SALES TAX ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*contact Lafourche Sales & Use Tax Office................ 985-446-4023

DESCRIPTION OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS CLASSIFICATION

**Before submitting this form, please verify that you have the following REQUIRED paperwork to be turned in with your application…**

• **IF you are a LSLB licensed contractor, please attach a current year copy of your state contractor's license.**

*For more information, please contact the La. State Licensing Board for Contractors at (225) 765-2301.*

• **IF you qualify for tax exemption because of 'Non Profit Organization' status or because of a disability, please attach a copy of your documentation from the La. Department of Revenue certifying your tax exempt status.**

*For more information, please contact the U.S. Department of Revenue at 800-829-3676.*

Please send payment by CHECK or MONEY ORDER payable to: **LAFOURCHE PARISH GOVERNMENT**

( ( NO CASH ACCEPTED! ) )

BY SIGNING BELOW, YOU ARE AFFIRMING THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Owner's Signature Date