



CITY OF DENHAM SPRINGS  
HOME-OCCUPATIONAL LICENSE APPLICATION

ATTN: Business License Office  
P O Box 1629  
Denham Springs, LA 70726-1629  
(225) 667-8310

Application Date \_\_\_\_\_  
Date Business Started  
at this location: \_\_\_\_\_  
In the City Limits? \_\_\_\_\_

**Business  
Name:** \_\_\_\_\_

Business Location: \_\_\_\_\_  Own – Building  
 Lease Building-Owner's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

**Owner's  
Name:** \_\_\_\_\_ S S # \_\_\_\_\_

Cell Ph #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Bus Ph #: \_\_\_\_\_

Owner's Resident Address: \_\_\_\_\_

Individual  Partnership  Corporation  Governmental  Non-Profit  LLC  Other \_\_\_\_\_

PROVIDE INFORMATION ON OWNER(S) BELOW. IF CORPORATION OR PARTNERSHIP, PROVIDE INFORMATION ON OFFICERS OR PARTNERS.  
FOR CORPORATION, PROVIDE STATE OF INCORPORATION.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone#(s): \_\_\_\_\_ S.S.# \_\_\_\_\_

Resident Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone#(s): \_\_\_\_\_ S.S.# \_\_\_\_\_

Resident Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone#(s): \_\_\_\_\_ S.S.# \_\_\_\_\_

Resident Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Is this Business a member of a group or chain of Businesses?  Yes  No Attach copy of Driver's License  Yes  No

**Nature of Business:** (Description of Sales or Activity: Indicate the class of business that constitutes the major portion of the gross income to be earned-Example: Retail, Service, Home Retail, Home Service, finance, wholesale, lending, etc): \_\_\_\_\_

All Retail Businesses Must have a Livingston Parish Sales Tax I.D. #: \_\_\_\_\_ Contacted Building Permit Office \_\_\_\_\_  
225-686-3043 If Selling Retail - You Must Have A Sales Tax ID # or Complete Sales Tax Form 667-8326 Date

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

• I affirm that the information given on this application is true and correct.

OFFICE USE:

Vendor # \_\_\_\_\_ Bus Activity \_\_\_\_\_ Amt Due: \_\_\_\_\_

# DENHAM SPRINGS POLICE DEPARTMENT

## OCCUPATIONAL BUSINESS LICENSE INFORMATION

### NEW BUSINESS INFORMATION

NAME OF BUSINESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER'S CELL PH#: \_\_\_\_\_

BUSINESS PH# \_\_\_\_\_

DOES BUSINESS HAVE A SECURITY SYSTEM?     Yes     No

### AFTER HOURS / EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

COMPLETE AND SUBMIT WITH OCCUPATIONAL LICENSE TO BUSINESS LICENSE DEPARTMENT