	CITY OF DENHAM SPRINGS OCCUPATIONAL LICENSE APPLICATION				
	ATTN: Business License Office		Application Date		
	P O Box 1629		Date Business Started		
1945 - 43 1945	Denham Springs, LA 70726-1629		at this location:		
	(225) 667-8310		In the City Limits?		
	NO FIXED	PLACE			
			No Fixed Place – Ice Cream Truck No Fixed Place - Retail Dealers		
. .			No Fixed Place – Produce/seafood		
Business Name:					
Business					
Mailing	City, State & Zip				
Owner's		C C #			
Cell Ph #:	Hm Ph #:		Bus Ph #:		
Owner's Resident Address:					
□ Individual □ Pa PROVIDE INFORMATI	Intership	ARTNERSHIP, PROVID	E INFORMATION ON OFFICERS OR PARTNERS.		
Name:			_ Title:		
Resident		City, State			
Address:		& Zip			
Name:			Title:		
Phone#(s):			S.S.#		
Resident Address:		City, State & Zip			
Name:			_ Title:		
Phone#(s):			_ S.S.#		
Resident Address:		City, State & Zip			
Vehicle License Plate #	State		Louisiana Driver's Licens <mark>e</mark> Yes 🗆 No 🗆		
Copy of D.	H.H.Permit (Sec 26-151 b)	Attach copy of V	ehicle Registration Certificate Yes 🗆 No 🗆		
Attach copy of Crimir (Ice Cream Truck	al History Check of Driver Yes □ No □ : Only)	Attach copy o	f Vehicle Insurance Yes No		
	ription of Sales or Activity)		Amt Due:		
Retail/Livingston Parish S 225-686-3043	Sales Tax I.D. #:	Current with Livingst	on Parish Sales Tax? Yes □ No □		
Signature of Applicant		Title	Date		

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

DENHAM SPRINGS POLICE DEPARTMENT

OCCUPATIONAL BUSINESS LICENSE INFORMATION

NEW BUSINESS INFORMATION

NAME OF BUSINESS:	
LOCATION ADDRESS:	/Retail Dealer-No Fixed Place
MAILING ADDRESS:	
OWNER:	
OWNER'S CELL PH#:	
BUSINESS PH#	

Louisiana Driver's License #_____

Vehicle License Plate #_____

Vehicle Identification # _____

Owner Signature

Date

COMPLETE AND SUBMIT WITH OCCUPATIONAL LICENSE TO BUSINESS LICENSE DEPARTMENT

Property Owner's Permission

I, (name)	, the owner of property located at
	, do hereby grant
(name)	
permission to set up and sell	at the above sited property on the following dates:
Signature	Date
Business Phone	Cell Phone

Application For Livingston Parish School Board Sales & Use Tax Registration Certificate

Federal Employer ID Number	LA Sales Tax Num	iber			Local Sales Tax Number Issued
Taxpayer Name					Phone Number
Trade Name			Ema	il Address	
Mailing Address		City, State	ν, State, Zip Code		
Location-Street, City, State, Zip Code				In City Limits	Social Security Number

Type of Organization:
IndividualPartnershipCorporationGovernmentalNon-ProfitOther (Specify):

	Please fill out below. If Corporation or Partnership, Include Officers or Partners.			
Name		Title	Social Security Number	
Resident Address			Phone Number	
Name		Title	Social Security Number	
Resident Address			Phone Number	
Name		Title	Social Security Number	
Resident Address			Phone Number	
Date Business Started/Acquired at THIS LOCATION:	Name and Address of Agent for Service of Process:		Location of Accounting Records:	
If Corporation, State of Incorporation	Reason for Applying: Started New Business Purchased Going Business Name of Previous Owner: 			

What is the Nature of this Business? Describe your Sales or Activity: _____

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

Signature

Title

Date

Please Mail the Original to: LIVINGSTON PARISH SCHOOL BOARD Sales and Use Tax Division P. O. Box 1030 Livingston, LA 70754

Phone: (225) 686-3043

Website: LAOTA.com

Fax: (225) 686-0438