



CITY OF DENHAM SPRINGS
OCCUPATIONAL LICENSE APPLICATION

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

Application Date: _____

Date Business Started: _____

New [] Existing Business []

Business

Name: _____

Business Location: _____
[] Own - Building
[] Lease Building-Owner's Name _____

Mailing Address: _____
City, State & Zip _____

Owner's

Name: _____ SS # _____

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