



**CITY OF DENHAM SPRINGS  
OCCUPATIONAL LICENSE RENEWAL/APPLICATION**

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

DUE: January 1, \_\_\_\_\_  
DELINQUENT: March 1, \_\_\_\_\_

**No Fixed Place**

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

No Fixed Place – Ice Cream Truck  
No Fixed Place - Retail Dealers  
No Fixed Place – Food  
Agricultural/Produce \$100.00

Location  
Address: \_\_\_\_\_

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

Cell Ph #: \_\_\_\_\_ Hm Ph #: \_\_\_\_\_ 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 \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_ State \_\_\_\_\_

**Attach copy of Louisiana Driver's License** Yes  No

**Copy of D.H.H.Permit (Sec 26-151 b)**

**Attach copy of Vehicle Registration Certificate** Yes  No

**Attach copy of Criminal History Check of Driver** Yes  No

**Attach copy of Vehicle Insurance** Yes  No

**Nature of Business:** (Description of Sales or Activity)

**Amt Due:** \$200

Retail/Livingston Parish Sales Tax I.D. #: 29841  
225-686-3043

Current with Livingston 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

## 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