



# MUNICIPAL SERVICES CENTER

6703 Sullivan Road ♦ Central, Louisiana 70739 ♦ p: 225-262-5000 ♦ f: 225-262-5001

## OCCUPATIONAL LICENSE APPLICATION

(Pursuant to Ordinance No. 2005-10)

**IF YOUR BUSINESS IS LOCATED IN THE CITY LIMITS OF CENTRAL, YOU MUST OBTAIN AN OCCUPATIONAL LICENSE.  
PLEASE PRINT AND USE INK WHEN COMPLETING THIS FORM.**

The Licensee shall immediately notify the Finance Department of any changes in business name, address, or ownership.

- Business opened on or prior to June 30th of current year minimum payment = \$50.00
- Business opened on or after July 1 of current year minimum payment = \$25.00

Date Business Opened in Central: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Yes No**

- Have you previously registered with this office? If yes, list business name: \_\_\_\_\_
- Did you purchase an existing business?  
 If yes, list former owner: \_\_\_\_\_ former business name: \_\_\_\_\_

- Is this a commercial business? If yes, you must contact our planning & zoning and permitting department prior to opening.
- Is this a home based business? If yes, you must sign and attach the home occupation regulations.
- Did you receive a "New Business Check List"?

Business Name, Activity and Contact Information			
LEGAL NAME OF BUSINESS:		TRADE NAME OF BUSINESS:	
DESCRIPTION OF BUSINESS ACTIVITY:			
CONTACT PERSON:		EMAIL ADDRESS:	
OFFICE NUMBER:	CELL NUMBER (not required):	FAX NUMBER:	
Information for Mailing Correspondence			
MAILING ADDRESS (Street):			SUITE #:
CITY:	STATE:	ZIP:	
Physical Location of Business (DO NOT USE P.O. BOX)			
PHYSICAL ADDRESS (Street):			SUITE #:
CITY:	STATE:	ZIP:	
Type of Organization (check below)			
<input type="checkbox"/> Corporation-INC.	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Government-GOVT	
<input type="checkbox"/> Limited Liability Company-LLC	<input type="checkbox"/> Limited Liability Partnership-LLP	<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Sole Proprietorship/Individual (Please attach a copy of applicant's drivers license)			

**Corporations, Limited Liability Company and Limited Partnerships**  
**Please attach a copy of your picture id, copy of State Charter Certificate and listing of officers and partners.**

Agent of Record:	Date of Organization:
Louisiana Tax ID #:	Federal Tax ID #:

**Please include the following documents with your application:**

- Copy of Applicant's Drivers License**
- Copy of State Charter Certificate (Corporations, Limited Liability Companies and Limited Partnerships)**
- Listing of Officers and Partners (Corporations, Limited Liability Companies and Limited Partnerships)**
- Signed copy of Home Occupation Regulations (Home Based Businesses)**

**This application is for occupational license tax only. Issuance of the occupational license does not permit the applicant to violate any existing regulatory or zoning laws of the City, nor does it exempt the applicant from any other license or permit required by law.**

**I acknowledge and attest that the statements made on this application are correct to the best of my knowledge.**

SIGNATURE OF OWNER, AGENT, OFFICER	TITLE	DATE
------------------------------------	-------	------

**For Official Use Only**

<b>Yes No</b> <input type="checkbox"/> <input type="checkbox"/> RECEIVED COPY OF APPLICANT PICTURE ID <input type="checkbox"/> <input type="checkbox"/> RECEIVED COPY OF STATE CHARTGER CERTIFICATE (INC., LLC, LLP only) <input type="checkbox"/> <input type="checkbox"/> RECEIVED LISTING OF OFFICERS & PARTNERS (INC., LLC, LLP only) <input type="checkbox"/> <input type="checkbox"/> <b>COMMERCIAL BUSINESS</b> NOTIFIED PERMITTING _____ NOTIFIED P&Z _____ <input type="checkbox"/> <input type="checkbox"/> <b>HOME BASED BUSINESS</b> NOTIFIED P&Z _____ NOTIFIED CODE ENFORCEMENT _____	DATE RECEIVED:
	PAYMENT METHOD: CASH/CHECK/CREDIT CARD/MONEY ORDER
	AMOUNT RECEIVED:
	LICENSE NUMBER:
	APPROVED DATE:
APPROVED BY:	

STAFF NOTES:

---

A 4% convenience fee will be added to all charges over \$10.00. The City of Central does not keep confidential credit card information on file. All information below this line will be destroyed after processing.

Circle One:    Master Card    Discover                      Name on Card: \_\_\_\_\_

CardNumber: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month                      Day                      Year