

# ST. JOHN THE BAPTIST PARISH OCCUPATIONAL LICENSE APPLICATION

SALES TAX I.D. # \_\_\_\_\_ HEALTH DEPARTMENT PERMIT # \_\_\_\_\_

OWNER'S FULL NAME \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_ Date of Birth Driver's License No. State Social Security No.

ADDRESS \_\_\_\_\_  
Street Name

\_\_\_\_\_ City State Zip Code

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

BUSINESS LOCATION \_\_\_\_\_  
Street Name

\_\_\_\_\_ City State Zip Code

(If different from location)  
MAILING ADDRESS \_\_\_\_\_  
P. O. Box # or Street Name

\_\_\_\_\_ City State Zip Code

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

TYPE OF OWNERSHIP:  Partnership  Sole Proprietor  Corporation

NAME OF MANAGER / OPERATOR: \_\_\_\_\_

Business Classification:  Retail  Restaurant  Contractor  
 Peddler  Beer  Liquor  
 Other: \_\_\_\_\_

## **This Section to be Completed and Approved by Parish Administration**

Date Application Submitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Application Process Fee - \$60.00 Paid by:  Money Order \_\_\_\_\_  Check # \_\_\_\_\_

Zoning Classification \_\_\_\_\_ Council District # \_\_\_\_\_ Council-At-Large Div. \_\_\_\_\_

\_\_\_\_\_ Planning & Zoning Date

\_\_\_\_\_ Parish President Date

## **This Section to be Completed and Approved by Parish Sheriff's Office**

APPROVED  DENIED

\_\_\_\_\_ Sheriff Date

Processed by Sheriff's Office \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year By:

Contacted for Pickup \_\_\_\_\_

# AFFIDAVIT

I, \_\_\_\_\_, have applied for an occupational license to the Office of the Parish President of St. John the Baptist Parish for a business which will bear the name of:

\_\_\_\_\_ and will be located at \_\_\_\_\_  
Street Name  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Business activities which will be conducted at the above address, in the name of said business, will be as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby acknowledge under oath that the above information given is true to the best of my knowledge, and that this will be the only business activity at the above location. I also hereby acknowledge under oath that the business activity which will be conducted at the above location is in full compliance with all Ordinances of St. John the Baptist Parish, and both State and Federal laws.

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## NOTICE TO APPLICANT

This application will be processed for a fee of \$60.00, which will be submitted with this application to St. John the Baptist Parish Planning & Zoning Department. The \$60.00 fee is non-refundable regardless of the approval or denial of this application. The processing fee does not include the cost of the actual occupational license. **The actual occupational license must be purchased from the St. John Sheriff's Office prior to commencing your business activity.**