



# NEW OCCUPATIONAL LICENSE APPLICATION

Please bring Original, ONE copy of Articles of Incorporation, Health Permit, Lease Agree. and Liquor License receipt (IF applicable) with this application.  
**(Non-Refundable Application Fee \$50.00)**

### OFFICE USE ONLY

Administrative \_\_\_\_\_ Regular \_\_\_\_\_  
Police ABO Check YES \_\_\_\_\_ NO \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Industry Type: \_\_\_\_\_

### IMPORTANT - PLEASE ↓

Provide your E-mail address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## LICENSE WILL NOT BE PROCESSED IF APPLICATION IS INCOMPLETE (PLEASE TYPE OR PRINT)

Proposed Business Address: \_\_\_\_\_ Lease  (Attach copy)  
Own  (Zoning Classification)

(Trade Name of Proposed Business) \_\_\_\_\_

Type of Ownership:  Individual  Partnership (Attach Copy)  Corporation (Attach Copy)  Change of Ownership/Address/Name

Number of Employees: \_\_\_\_\_ Square Footage \_\_\_\_\_ Available Off-Street Parking Spaces \_\_\_\_\_ Type of Parking Surface: Concrete  Blacktop  Shell/Gravel

Applicant's full name \_\_\_\_\_ Applicant's Date of Birth (DOB) \_\_\_\_\_

Applicant's Address City State Zip Code \_\_\_\_\_ Applicant's Contact Numbers \_\_\_\_\_

Applicant's Driver's License No. State \_\_\_\_\_ Applicant's Social Security No. ↑ \_\_\_\_\_

Renting? Property Owner/Lessor's Name \_\_\_\_\_ Owner/Lessor's Contact Numbers \_\_\_\_\_

Property Owner/Lessor's Address - City State Zip Code \_\_\_\_\_

Will this Business Require →  Changes to Building  Signs  Building Modifications  Construction  Electrical Work  Plumbing Work

If YES, describe and contact the Building Department: \_\_\_\_\_  
\*\*(Please give a detailed description of business activity)

Home Business:  If checked, Provide storage location of goods, equipment, etc. \_\_\_\_\_  
Address City State Zip Code

RESTRICTIONS FOR HOME BUSINESS: NO commercial advertising NO work done on premises NO signs displayed large that 2-sq. ft. in size.  
NO storage on premises NO retail sales as this location \*\*Applicant's Initials: \_\_\_\_\_

I AFFIRM that the information given in this application IS TRUE and CORRECT:

SIGNATURE (Applicant) \_\_\_\_\_ Title \_\_\_\_\_ Dated \_\_\_\_\_

APPROVED - Licensing Officer \_\_\_\_\_ Approval Date \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

SPECIAL APPROVALS	Required		Date Approved	Date Not Approved
	YES	NO		
Planning & Zoning (504) 363-1568 or 363-1556				
Code Enforcement (504) 363-1532				
Jeff. Parish (Environmental Health Services) 835-5140				
LA State Fire Marshall (504) 568-8506				
City of Gretna-Water Department (504) 363-1560				
Building Department (504) 363-1563				
Electrical ( ) Mechanical ( ) Plumbing ( )				



DUE DATE JANUARY 1 BECOMES DELINQUENT MARCH 1

1. Date of Application ↓

Return To: CITY OF GRETNA
Office of Taxes & Licenses
P. O. Box 404
Gretna, LA 70054-0404

YEAR 2023

Month Day Year

For Official Use Only

Lic. #
Date Paid:
Amount:
Processed by:

APPLICATION AND/OR REQUEST FOR

2. OCCUPATIONAL LICENSE TAX (Check One or More):

[ ] New Business [ ] Chain Store [ ] Renewal [ ] Seasonal [ ] Special Event

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER

4. A. STATE SALES TAX NUMBER

PARISH SALES TAX NUMBER

5. B. TRADE NAME

C. BUSINESS LOCATION (Street, State, Zip Code)

TELEPHONE NO.

E-MAIL ADDRESS

D. MAILING ADDRESS (Street, State, Zip Code)

6. TYPE OF ORGANIZATION

A. Individual B. Partnership C. Corporation D. Non-Profit E. Government

Table with 5 columns: NAME, TITLE, Social Security No. & Driver License No., Phone No.-Area Code, and Residence Address. Rows 1, 2, and 3.

Table with 4 columns: Name, TITLE, Social Security No. & Driver License No., Phone No.-Area Code. Row 8.

Table with 4 columns: Name & Address of Agent for Service of Process, Location of Accounting Records are Maintained, If Corporation, the State of incorporation?, Reason for Applying.

Table with 3 columns: Date Business Started/Acquired at THIS LOCATION, Excluding this location, how many Other Business locations do you have in Jefferson Parish, Number of Employees.

Table with 2 columns: NATURE OF BUSINESS, Description of Sales or Activity.

Table with 3 columns: Signature of Applicant, Title, Dated; Signature of Preparer, Dated.

OFFICE USE ONLY
Account/Lic. #
Date Paid
Amount Paid
Date due to RETURN

30 days GROSS SALES \$ X months remaining in year = \$
PAID \$ 50.00
Amount due
Penalty Fee
Interest Fee
TOTAL DUE: \$

Parcel No.

**COURTESY CHECKLIST FOR NEW BUSINESSES**

**WITHIN CITY LIMITS 70053 & TIMBERLANE ESTATES SUBDIVISION 70056**

**(Gretna City Hall Office hours: 8:00 a.m. to 4:30 p.m.)**

<p><input checked="" type="checkbox"/> <b>Federal Identification Number</b> Call first at (800) 829-3676. When form is received, complete and fax to (901) 546-3916. You will receive your new ID number in the mail.</p>	<p><b>Louisiana State-Sales Tax Department</b> 617 North 3<sup>rd</sup> Street (La Salle Building) Baton Rouge, LA 70802 Tel. No: (504) 568-5233 (8:00 AM to 4:30 PM)</p>
<p><input checked="" type="checkbox"/> <b>City of Gretna Planning &amp; Zoning Department</b> Gretna City Hall, 740 2<sup>nd</sup> Street – Room 101 Gretna, LA 70053 Tel. (504) 363-1556 (504) 363-1568</p>	<p><input checked="" type="checkbox"/> <b>Jefferson Parish Sales Tax -Sheriff's Office</b> 1233 Westbank Expwy. (Next to Leson Chevrolet) Harvey, LA 70058 Tel No. (504) 363-5637</p>
<p><b>City of Gretna Inspections Department</b> Gretna City Hall, 740 2<sup>nd</sup> Street – Room 101 Gretna, LA 70053 Inspections: Building, Electrical, Gas, Mechanical, Plumbing Tel. Nos. (504) 363-1563 or (504) 363-1564</p>	<p><b>City of Gretna Water Services</b> Gretna City Hall, 740 2<sup>nd</sup> Street – Room 103 Gretna, LA 70053 Tel. No. (504) 363-1560 or (504) 363-1561</p>

**\*For your convenience, listed below are various agencies you may be required to contact, depending on your type of business.**

<p><b>Federal Government – Alcohol, Tobacco &amp; Firearms Bureau</b> → Tel. No. (504) 841-7000 One Galleria Blvd. – Suite 1700 Metairie, LA 70001</p>
<p><b>Louisiana Department of Education (Child Care Licensing)</b> → Tel. No. (225) 342-9905 627 North Street (Corner North &amp; Fourth Streets) Baton Rouge, LA 70802</p>
<p><b>Louisiana State Alcoholic Beverage &amp; Tobacco Control</b> → Tel. No. (504) 568-7028 1450 Poydras Street (Benson Tower) – Suite 850 New Orleans, LA 70112 (SPECIAL EVENT)</p>
<p><b>Louisiana State Department of Used Motor Vehicles and Parts Commission</b> 3132 Valley Creek Drive Baton Rouge, LA 70808 Tel. No. (225) 925-3870 Toll Free: (800) 256-2977</p>
<p><b>Jefferson Parish (Environmental Health Services)</b> Tel. No. → (504) 838-5140 111 N. Causeway Blvd. (Office hours: 8:00 AM – 4:30 PM) Metairie, LA 70001</p>
<p><b>Louisiana Office of State Fire Marshal</b> 1450 Poydras Street (Benson Tower) – Suite 1500 New Orleans, LA 70112 New Orleans Office: Tel. No. (504) 568-8506 Fax No: (504) 568-8511</p>
<p><b>Gretna Police Department - Alcoholic Beverage Outlet (ABO)</b> → Tel. No. (504) 227-7324 Traffic Department, ABO Office (Office hours: 9:00 AM – 11:00 AM --- Monday-Friday) 327 Huey P. Long Avenue Gretna, LA 70053</p>
<p><b>Louisiana Department of Health and Hospitals - Office of Public Health</b> Public health department in New Orleans, Louisiana 1450 Poydras Street (Benson Tower) New Orleans, LA 70112 Phone: (225) 342-9500</p>