

## **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:_				
LI	CENSE WILL	NOT BE PROCES		APPLICATION IS INC	OMPL	ETE	C	
Proposed Business Address:		(I LEASE		Ι	Lease □ Own □		ch copy)	instinu)
(Trade Name of Proposed Business)_						(20	oming Classif	
Type of Ownership:	Individual		Corporation (Attach Copy)	Change of Ownership/Address	ss/Name			
Number of Employees: S	quare Footage	Available Off-Street Parking Spa		ype of arking Surface: Concrete	Blackt	ор 🗀	Shell/G	iravel 🗀
Applicant's full name				Applicant	's Date of l	Birth (1	DOB)	
Applicant's Address	City	State	Zip Code	Applica	nt's Contac	et Num	ibers	
Applicant's Driver's License	No.	State						
Renting? Property Owner/Lo	essor's Name			Owner/Less	or's Conta	ct Nun	nbers	
Property Owner/Lessor's Ad	dress - City	State	Zip Code					
Will this Business Require → □ Changes If YES, describe and o	contact the Buildin	-	Modifications	Construction Electric	al Work		Plumbing	g Work
Home Business: I		Address		City S	tate		Zip Co	de
RESTRICTIONS FOR HOME BUSINESS:	NO commercial adv	ertising NO work done	on premises as this location	NO signs displayed large that 2-sq			_	uc
I AFFIRM that the in	formation given in	this application IS TI	RUE and CO	PRRECT:				
SIGNATURE (A	pplicant)		Tit	le _		D	ated	
			]	OFFICE USE	ONLY			
APPROVED - Licen COMMENTS:	sing Officer	Approval Date	Planning & Code Enfo	APPROVALS  & Zoning (504) 363-1568 or 363-150 or cement (504) 363-1532  h (Environmental Health Services) 835-5			Date Approved	Date Not Approved
			City of Gr Building I	Fire Marshall (504) 568-8506 etna-Water Department (504) 363-15 Department (504) 363-1563 ( ) Mechanical ( ) Plumbing (	560			



## DUE DATE <u>JANUARY 1</u> BECOMES DELINQUENT <u>MARCH 1</u>

Month	Dav '	Year

at THIS LOCATION  Month Day Year locations do you have in Jefferson Parish Locations do you have in Jefferson Pari		Return To: CITY OF GRETNA	YEAR 2	2024			FC	OR OFFICE USE ONLY
Processed by:   Processed by		P. O. Box 404						
New Business   Chain Store   Renewal   Seasonal   Special Event	2. OCCUPATIONA			EST FOR				The state of the s
4. A STATE SALES TAX NUMBER  4. A STATE SALES TAX NUMBER  5. B. TRADE NAME  C. BUSINESS LOCATION (Siriet, State, Zip Code)  6. TYPE OF ORGANIZATION  A. Individual B. Partnership C. Corporation D. Non-Profit E. Government  7. Individual B. Partnership C. Passaport No. or Driver License No. Phone NoAssa Caste (_)  17. Individual B. Partnership C. Phone No. Phone NoAssa Caste (_)  18. If corporation D. Non-Profit E. Government  TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  19. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. NAME TITLE Passaport No. or Driver License No. Phone NoAssa Caste (_)  10. Location of Accounting Records are Maintained II. If Corporation, the State of incorporation?  13. Date Business Started/Acquired at THIS LOCATION No. Day Year	□ New	Business	□ Renewal	□ Seasona	1 <b>Г</b>	7 Special Ever		cessed by
C. BUSINESS LOCATION (Street, State, Zip Code)  D. MAILING ADDRESS (Street, State, Zip Code)  6. TYPE OF ORGANIZATION  A. Individual B. Parmership C. Corporation D. Non-Profit E. Government  7. ID NAME TITLE Passaport No. or Driver License No. Phone No-Avactact Diversion or partnership, Name, Title, Soc. Sec. No. Residence address and Phone No. of Driver License No. Phone No-Avactact Diversion or partnership. Name, Title, Soc. Sec. No. Residence Address Partners  8. If sole owner (individual) Name TITLE Passaport No. or Driver License No. Phone No-Avactact Diversion of Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passaport No. or Driver License No. Phone No-Avactact Diversion of Address Passap				Seasona	.1	Special Evel	<u> </u>	
C. BUSINESS LOCATION (Street, State, Zip Code)  D. MAILING ADDRESS (Street, State, Zip Code)  6. TYPE OF ORGANIZATION  A. Individual B. Partnership C. Corporation D. Non-Profit E. Government  1 (Corporation or partnership, Name)  1 (Corporation or partnership, Name)  1 (Sorporation or partnership, Name)  1 (Sorporation or partnership, Name)  1 (Sorporation or partnership, Name)  2 (Sorporation or partnership, Name)  2 (Sorporation or partnership, Name)  3 (Sorporation or partnership)  4 (Sorporation or partnership, Name)  4 (Sorporation or partnership)  5 (Sorporation or partnership)  6 (Sorporation or partnership)  7 (Sorporation or partnership)  8 (Bisolic owner (individual) Name  1 (Sorporation)  2 (Sorporation)  2 (Sorporation)  3 (Sorporation)  4 (Sorporation)  4 (Sorporation)  4 (Sorporation)  4 (Sorporation)  5 (Sorporation)  1 (Sorporat	4. A. STATE SALES	S TAX NUMBER	PA	ARISH SALES T	AX NUM	BER		
D. MAILING ADDRESS (Street. State, Zip Code)  6. TYPE OF ORGANIZATION  A. Individual B. Partnership C. Corporation  7. I) NAME TITLE Passaport No. or Driver License No. Phone NoArea Code ()  16. Corporation or partnership, Name, Itle, Soc. Sec. No., Residence address and Phone No.    7. All MAME TITLE Passaport No. or Driver License No. Phone NoArea Code ()  18. If sole owner (individual) Name TITLE Passaport No. or Driver License No. Phone NoArea Code ()  19. NAME Residence Address    10. NAME TITLE Passaport No. or Driver License No. Phone NoArea Code ()  19. Name & Address of Agent for Service of Process    10. Location of Accounting Records are Maintained    11. If Corporation, the State of incorporation?    12. Reason for Applying incorporation?    13. Date Business Started/Acquired at TILIS LOCATION    14. Excluding this location, how many Other Business locations do you have in Jefferson Parish    15. Number of Employees or Activity    16. NATURE OF COMPLETE Schedule A (Next page)    16. NATURE OF Companion of Sales or Activity    17. Signature of Applicant    18. Signature of Applicant    19. Signature of Preparer It different from above    19. Dated    10. Dated    10. Dated    10. Dated    11. If Corporation, the State of incorporation?    12. Reason for Applying incorporation?    13. Signature of Applicant    14. Excluding this location, how many Other Business locations do you have in Jefferson Parish    15. Number of Employees    16. NATURE OF Companion    17. Signature of Applicant    18. Signature of Preparer    19. Signature	_5. B. TRADE NAM	<b>ПЕ</b>						
6. TYPE OF ORGANIZATION  A. Individual B. Partnership C. Corporation D. Non-Profit E. Government  7.   1) NAME   TITLE   Passaport No. or Driver License No.   Phone NoArea Code ()  If Corporation or partnership, Name; Title, Soc. Sec. No., Residence Address   Passaport No. or Driver License No.   Phone NoArea Code ()  3) NAME   TITLE   Passaport No. or Driver License No.   Phone NoArea Code ()  Residence Address   Phone NoArea Code ()  3) NAME   TITLE   Passaport No. or Driver License No.   Phone NoArea Code ()  Residence Address   Phone NoArea Code (	C. BUSINESS LO	OCATION (Street, State, Zip Code)		TELEPHON	E NO.		F	-MAIL ADDRESS
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TITLE   Passaport No. or Driver License No.   Phone NoArea Code   Phone NoArea Co	6. TYPE OF ORGA	ANIZATION			•			
If Corporation or partnership, Name, Title, Soc. Sec. No., Residence address and Phone No. of Cofficers or Partners  2 NAME  TITLE  Passaport No. or Driver License No.  Phone NoArea Code ()  Residence Address ↓  8. If sole owner (individual) Name  TITLE  Passaport No. or Driver License No.  Phone NoArea Code ()  Phone NoArea Code ()  Residence Address ↓  9. Name & Address of Agent for Service of Process  10. Location of Accounting Records are Maintained  11. If Corporation, the State of incorporation?  13. Date Business Started/Acquired at THIS LOCATION  Month  Day  Year  14. Excluding this location, how many Other Business locations do you have in Jefferson Parish  Infirm that the information given on this application are true and correct.  Signature of Peparer If different from above  DIVICE USE COME.	<b>A.</b> Inc	dividual B Partnership	C (	Corporation	Γ	Non-Profit	F	
partnership, Name, Title, Soc, Sec, No, Residence address and Phone No. of Officers or Partners    2 NAME	7.	1) NAME	TITLE		Passapor	t No. or Driver L	icense No.	Phone NoArea Code ()
Residence Address of Agent for Service of Process  8. If sole owner (individual) Name  TITLE  Passaport No. or Driver License No.  Phone NoArea Code ()  Residence Address \( \)  8. If sole owner (individual) Name  TITLE  Passaport No. or Driver License No.  Phone NoArea Code ()  Phone NoArea C	partnership, Name,		I					<u> </u>
3) NAME   TITLE   Passaport No. or Driver License No.   Phone NoArea Code (	Residence address and Phone No. of	2) NAME	TITLE	TITLE		Passaport No. or Driver License No.		Phone NoArea Code ()
Residence Address  8. If sole owner (individual) Name	Officers or Partners	Residence Address↓			1			
8. If sole owner (individual) Name		3) NAME	TITLE	TITLE Passaport No. or Dr		t No. or Driver L	icense No.	Phone NoArea Code ()
Residence Address  9. Name & Address of Agent for Service of Process  10. Location of Accounting Records are Maintained incorporation, the State of incorporation?  11. If Corporation, the State of incorporation?  12. Reason for Applying incorporation?  13. Date Business Started/Acquired at THIS LOCATION Month Day Year Incorporation of Sales or Activity  14. Excluding this location, how many Other Business locations do you have in Jefferson Parish Parish Incorporation of Sales or Activity  15. Number of Employees locations do you have in Jefferson Parish Incorporation of Sales or Activity  16. NATURE OF BUSINESS  Renewing Occupational License, PLEASE COMPLETE Schedule A (Next page)  1 affirm that the information given on this application are true and correct.  Signature of Applicant  Signature of Preparer If different from above  OFFICE USE ONLY		Residence Address↓			1			-
9. Name & Address of Agent for Service of Process   10. Location of Accounting Records are Maintained   11. If Corporation, the State of incorporation?   12. Reason for Applying incorporation?   13. Date Business Started/Acquired at THIS LOCATION   Day	8. If sole owner (indi	vidual) Name	TITLE		Passapoi	t No. or Driver L	icense No.	Phone NoArea Code ()
13. Date Business Started/Acquired at THIS LOCATION   Day Year   14. Excluding this location, how many Other Business locations do you have in Jefferson Parish   15. Number of Employees locations do you have in Jefferson Parish   16. NATURE OF BUSINESS   Description of Sales or Activity   BUSINESS      14. Excluding this location, how many Other Business locations do you have in Jefferson Parish   16. Nature   17. Number of Employees   18. Number of Empl	Residence Address		-					+
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OFFICE USE ONLY	on this application	Signature of Applicant			Т	ïtle	Dated	
OFFICE USE ONLY	correct.	If different from above					Dated	
Account/Lic. # Parcel No.		· · · · · · · · · · · · · · · · · · ·	OFFICE USE ONLY					

	_
Account/Lic. #	
Date Paid	
Amount Paid	
Date due to RETURN	

### **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.)

<b>✓</b>	Federal Identification Number 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.		Louisiana State-Sales Tax Department 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)
<b>√</b>	City of Gretna Planning & Zoning Department Gretna City Hall, 740 2 <sup>nd</sup> Street – Room 101 Gretna, LA 70053 Tel. (504) 363-1556 (504) 363-1568	<b>✓</b>	Jefferson Parish Sales Tax -Sheriff's Office 1233 Westbank Expwy. (Next to Leson Chevrolet) Harvey, LA 70058 Tel No. (504) 363-5637
	City of Gretna Inspections Department Gretna City Hall, 740 2nd Street – Room 101 Gretna, LA 70053 Inspections: Building, Electrical, Gas, Mechanical, Plumbing Tel. Nos. (504) 363-1563 or (504) 363-1564		City of Gretna Water Services Gretna City Hall, 740 2 <sup>nd</sup> Street – Room 103 Gretna, LA 70053 Tel. No. (504) 363-1560 or (504) 363-1561

	Tel. Nos. (504) 363-1563 or (504) 363-1564
*	For your convenience, listed below are various agencies you may be required to contact, depending on your type of business.
	Federal Government – Alcohol, Tobacco & Firearms Bureau → Tel. No. (504) 841-7000
	One Galleria Blvd. – Suite 1700
	Metairie, LA 70001
	Louisiana Department of Education (Child Care Licensing) → Tel. No. (225) 342-9905
	627 North Street (Corner North & Fourth Streets)
	Baton Rouge, LA 70802
	Louisiana State Alcoholic Beverage & Tobacco Control → Tel. No. (504) 568-7028
	1450 Poydras Street (Benson Tower) – Suite 850
	New Orleans, LA 70112 (SPECIAL EVENT)
	Louisiana State Department of Used Motor Vehicles and Parts Commission
	3132 Valley Creek Drive
	Baton Rouge, LA 70808 Tel. No. (225) 925-3870 Toll Free: (800) 256-2977
	Jefferson Parish (Environmental Health Services) Tel. No. → (504) 838-5140
	111 N. Causeway Blvd. (Office hours: 8:00 AM – 4:30 PM)
	Metairie, LA 70001
	Louisiana Office of State Fire Marshal
	1450 Poydras Street (Benson Tower) – Suite 1500
	New Orleans, LA 70112
	New Orleans Office: Tel. No. (504) 568-8506 Fax No: (504) 568-8511
	Gretna Police Department - Alcoholic Beverage Outlet (ABO) → 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
	Louisiana Department of Health and Hospitals - Office of Public Health
	Public health department in New Orleans, Louisiana
	1450 Poydras Street (Benson Tower)
	New Orleans, LA 70112

Phone: (225) 342-9500