



# 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 \_\_\_\_\_

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 ↓

Month | Day | Year

Return To: CITY OF GRETNA

**YEAR 2024**

Office of Licenses  
P. O. Box 404  
Gretna, LA 70054-0404

**FOR OFFICE 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

7. If Corporation or partnership, Name, Title, Soc. Sec. No., Residence address and Phone No. of Officers or Partners	1) NAME	TITLE	Passaport No. or Driver License No.	Phone No.-Area Code (____)
	2) NAME Residence Address↓	TITLE	Passaport No. or Driver License No.	Phone No.-Area Code (____)
	3) NAME Residence Address↓	TITLE	Passaport No. or Driver License No.	Phone No.-Area Code (____)

8. If sole owner (individual) Name	TITLE	Passaport No. or Driver License No.	Phone No.-Area 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? _____	12. Reason for Applying
13. Date Business Started/Acquired at <b>THIS LOCATION</b> Month _____ Day _____ Year _____	14. Excluding this location, how many Other Business locations do you have in Jefferson Parish [____]		15. Number of Employees _____

16. NATURE OF BUSINESS	Description of Sales or Activity _____
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**Renewing Occupational License, PLEASE COMPLETE Schedule A (Next page)**

I affirm that the information given on this application are true and correct.	Signature of Applicant	Title	Dated
	Signature of Preparer If different from above		Dated

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

**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.)**

<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.	<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)
<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	<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
<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	<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

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

<b>Federal Government – Alcohol, Tobacco &amp; Firearms Bureau</b> → Tel. No. (504) 841-7000 One Galleria Blvd. – Suite 1700 Metairie, LA 70001
<b>Louisiana Department of Education (Child Care Licensing)</b> → Tel. No. (225) 342-9905 627 North Street (Corner North & Fourth Streets) Baton Rouge, LA 70802
<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)
<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
<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
<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
<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
<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