

CITY OF DENHAM SPRINGS
OCCUPATIONAL LICENSE APPLICATION
ITINERANT VENDOR

City of Denham Springs
Attn: Occupational License Tax
P O Box 1629
Denham Springs, LA 70727-1629

Application Date _____

Date Business Starts
at this location: _____

(225) 667-8310

Business Name: _____

Business Location: _____

Mailing Address: _____ City, State & Zip _____

Owner's Name: _____ S S # _____

Cell Ph #: _____ Hm Ph #: _____ Bus.Ph #: _____

Owner's Resident Address _____

- Individual Partnership Corporation Governmental Non-Profit LLC Other

PROVIDE INFORMATION ON OWNER(S) BELOW. IF CORPORATION OR PARTNERSHIP, PROVIDE INFORMATION ON OFFICERS OR PARTNERS. FOR CORPORATION, PROVIDE STATE OF INCORPORATION:

Name: _____ Title: _____

Phone # (s) _____ S.S. # _____

Resident Address: _____ City, State & Zip _____

Name: _____ Title: _____

Phone # (s) _____ S.S. # _____

Resident Address: _____ City, State & Zip _____

Name: _____ Title: _____

Phone # (s) _____ S.S. # _____

Resident Address: _____ City, State & Zip _____

Vehicle License # _____ State _____ Attach copy of Driver's License ___ Yes ___ No_

Nature of Business: (Description of Sales or Activity-Indicate the class of business that constitutes the major portion of the gross income to be earned) Retail - No Fixed Place

Livingston Parish Sales Tax I.D. # _____ MUST HAVE THIS NUMBER 686-3043 Contacted Building Permit Office _____ DATE 667-8326

Signature of Applicant _____ Title _____ Date _____

I affirm that the information given on this application is true and correct.

OFFICE USE:

Vendor # _____ Bus. Code _____ Amt Due: _____ Recpt / Ck # _____

DENHAM SPRINGS POLICE DEPARTMENT

OCCUPATIONAL BUSINESS LICENSE INFORMATION

NEW BUSINESS INFORMATION

NAME OF BUSINESS: _____

LOCATION ADDRESS: _____ /Retail Dealer-No Fixed Place

MAILING ADDRESS: _____

OWNER: _____

OWNER'S CELL PH #: _____

BUSINESS PH #: _____

VEHICLE LICENSE

CONTACTS: IN CASE OF EMERGENCY: (Other than yourself)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Owner Signature

Date

COMPLETE AND SUBMIT WITH OCCUPATIONAL LICENSE TO BUSINESS LICENSE DEPARTMENT_

PROPERTY OWNERS PERMISSION

I, (name) _____, the owner of property located

at _____, do hereby grant (name)

permission to set up and display for sale; goods, wares or merchandise on the above

sited property on the following dates _____.

Date

Signature