



APPLICATION FOR OCCUPATIONAL LICENSE

You must bring Original, and one copy of the Articles of Incorporation, Health Permit, Lease & Liquor License receipt (IF applicable) with this application.

(Non-Refundable Issuance Fee \$50.00)

OFFICE USE ONLY	
_____ Administrative _____ Regular	
Police/ABO Check _____ YES _____ NO	
Account No. _____	
Account Type: _____	
Industry Type: _____	

Application Date: _____ Website: _____ E-Mail Address: _____

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

Address of Proposed Business: _____ Lease (Attach copy) Own _____ (Zoning Class.)

(Trade Name of Proposed Business) _____ Business Tel. No. _____

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

Number of Employees _____ 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 Drivers License No.) _____ State _____ (Applicant's Social Security No.) _____

(Property Owner/Lessor's Name) _____ (Owner/Lessor Contact Numbers) _____

(Property Owner's Address _____ City, _____ State _____ Zip Code)

Will this Business require: Signs Building Modification Construction Electrical Work Plumbing Work

If yes, describe & contact the Building Department (Room 113): _____ 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 No commercial advertising No work done on premises No signs displayed larger than 2 Sq. Ft. in size.
HOME BUSINESS: No storage on premises No retail sales at this location ****Applicant's Initials:** _____

I AFFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE & CORRECT:

Signature (Applicant) _____ Title _____ Dated _____

APPROVED: ↓

BELOW FOR OFFICE USE ONLY

Chief Licensing Officer

DATE APPROVED: _____

COMMENTS: _____

SPECIAL APPROVALS	REQUIRED		DATE APPROVED	DATE NOT APPROVED
	Yes	No		
Planning and Zoning (504) 363-1556				
Code Enforcement (504) 363-1532				
Jeff. Parish (Environmental Health Services) 838-5140				
LA State Fire Marshal (504) 568-8506				
City of Gretna Water Department				
Regulatory Department: Building				
Electrical				
Mechanical				
Plumbing				



DUE DATE JANUARY 1, BECOMES DELINQUENT MARCH 1

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

YEAR _____

1. Date of Application

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. A. TRADE NAME

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

TELEPHONE NO.

WEBSITE

C. 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., Telephone Number, Residence Address. Rows for 1), 2), and 3) entries.

Table with 4 columns: Name, TITLE, Social Security No. & Driver License No., Telephone Number. Row for 8. If sole owner (individual) Name.

Table with 4 columns: Name & Address of Agent for Service of Process, Location of Accounting Records are Maintained, If Corporation, State of Incorporation, Reason for Applying. Rows for 9, 10, 11, 12, 13, 14, 15, 16.

If applying for Occupational License Complete Schedule A (reverse side).

Table with 2 columns: Signature of Applicant/Preparer, Title/Date. Includes affirmation text on the left.

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

Parcel No. _____

OCCUPATIONAL LICENSE SCHEDULE "A"

Refer to instructions to determine base and rate (fee) to be used in lines 21 thru 31.

Class of license being applied for _____

License Year _____ Open Date for this License _____

COMPLETE ONLY ONE OF 21 THRU 25

21. BUSINESS OPENED DURING THE PREVIOUS CALENDAR YEAR.....

Gross sales for remainder of calendar year.....▶ \$ _____
 Less Deductions (describe) _____
 ▶ \$ _____ equals ▶ \$ _____ which divided by number of days in
 operation ▶ \$ _____ days equal ▶ \$ _____ which multiplied by 365 amounts to a taxable sales
 of ▶ \$ _____

22. BUSINESS OPENED LESS THAN 30 DAYS

Tax due will be the minimum of applicable rate table.

23. BUSINESS OPENED MORE THAN 30 DAYS.....

Gross sales for first 30 days.....▶ \$ _____
 Less Deductions (describe) _____
 ▶ \$ _____ equals ▶ \$ _____ which multiplied by a number of months, or major
 fraction thereof in year _____ months amounts to a taxable sales of ▶ \$ _____

24. BUSINESS OPENED BETWEEN DECEMBER 2 AND DECEMBER 31

Gross receipts for remainder of calendar year.....▶ \$ _____

25. BUSINESS OPENED ON OR PRIOR TO JANUARY 1 OF THE PREVIOUS YEAR.....

Gross sales▶ \$ _____
 Less Deductions (describe) _____
 ▶ \$ _____ equals taxable gross of ▶ \$ _____

26. LICENSE FEE/RATE DUE BASED ON TABLE _____ \$ _____

27. To be used by those occupations paying fee based on units, indicate numbers of seats, spaces, pool tables, etc.

Item	Number	Fee	Total for This Item

Total\$ _____

28. Amount of tax due (Lines 26 & 27).....\$ _____

29. Interest\$ _____

30. Penalty\$ _____

31. Total Amount DueRemit this amount ▶ \$ _____

CHECKLIST FOR NEW BUSINESSES

WITHIN GRETNA 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"/>	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.	<input type="checkbox"/>	Louisiana State-Sales Tax Department 617 North 3 rd Street (La Salle Building) Baton Rouge, LA 70802 Tel. No: (504) 568-5233 (8:00 AM to 4:30 PM)
<input checked="" type="checkbox"/>	City of Gretna Zone requirements and/or restrictions Contact: Planning & Zoning Official - Rm 102 Gretna City Hall, 740 2 nd Street Gretna, LA 70053 Tel. Nos. (504) 363-1556 (503) 363-1504	<input checked="" type="checkbox"/>	Jefferson Parish Sales Tax Sheriff's Office 1233 Westbank Expwy. (Next to Leson Chevrolet) Harvey, LA 70058 Tel No. (504) 363-5637
<input type="checkbox"/>	City of Gretna Department of Inspections Gretna City Hall, 740 2 nd Street – Room 113 Gretna, LA 70053 Inspections: Building, Electrical, Gas, Mechanical, Plumbing Tel. Nos. (504) 363-1563 or (504) 363-1564	<input type="checkbox"/>	City of Gretna Water Services Gretna City Hall, 740 2 nd Street – Room 109 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 specific type of business.**

Federal Government – Alcohol, Tobacco & Firearms Bureau One Galleria Blvd. – Suite 1700 Metairie, LA 70001 Tel. No. (504) 841-7000
Louisiana Department of Education (Child Care Licensing) 627 North Street (Corner North & Fourth Streets) Baton Rouge, LA 70802 Tel. No. (225) 342-9905
Louisiana State Alcoholic Beverage & Tobacco Control 1450 Poydras Street (Benson Tower) – Suite 850 New Orleans, LA 70112 (SPECIAL EVENT) Tel. No. (504) 568-7028
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) 111 N. Causeway Blvd. (Office hours: 8:00 a.m. – 4:30 p.m.) Metairie, LA 70001 Tel. No. (504) 838-5140
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) Traffic Department, ABO Officer (Office hours: 9:00 a.m. – 11:00 a.m. M-F) 327 Huey P. Long Avenue Gretna, LA 70053 Tel. No. (504) 227-7324