



www.lafourchegov.org

ATTN: OCCUPATIONAL LICENSE DEPARTMENT  
402 Green Street  
P.O. Drawer 5548  
Thibodaux, LA 70302  
(985) 446-8427 OR 800-834-8832  
Fax 985.446.8459

**Driver's Permit Checklist**  
*For year beginning January 1, 2010*

**THE FOLLOWING ITEMS ARE NECESSARY TO OBTAIN A DRIVERS PERMIT TO OPERATE A LIMOUSINE AND/OR TAXICAB IN THE UNINCORPORATED AREAS OF LAFOURCHE PARISH.**

- Application shall be verified under oath.
- Application shall be accompanied by documentation certifying that applicant has passed a medically accepted drug screening process.
- An application fee of \$15.00 made payable to Lafourche Parish Government.  
(Check or money order only)
- Applicant must have a current motor vehicle operator's permit (chauffeur license) applicable to the vehicle being operated as issued by the State of Louisiana.
- Copy of Police Department report pertaining to the applicant's traffic and police records from the Lafourche Parish Sheriff's Office.
- Any further information as the Occupational License Clerk of the Lafourche Parish Government may require.

The attached application and all information should be delivered to the Lafourche Parish Government Occupational License Department located at 402 Green Street, Thibodaux, Louisiana.

**Please call our office at 985-446-8427 or 800-834-8832 to schedule an appointment.** Your application will be reviewed and processed upon delivery. Please allow for a 10- to 15-minute wait for processing and completion of driver's permit.

Office hours are Monday – Thursday, 7:30 a.m. to 4:30 p.m.

For more information contact:  
Lafourche Parish Government  
Debbie Swanner, Occupational License Clerk  
985-446-8427 or 1-800-834-8832



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Application for Driver's Permit
For year beginning January 1, 2008

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S PHONE NUMBER \_\_\_\_\_ \*\*(Area Code) + 7-digit phone no.

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ \*\*(Area Code) + 7-digit phone no.

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE \_\_\_\_\_ EXPIRATION YEAR \_\_\_\_\_ CLASS: \_\_\_\_\_

YEARS OF EXPERIENCE IN TRANSPORTATION OF PASSENGERS \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

DRUG SCREENING REPORT ATTACHED: YES NO

POLICE REPORT ATTACHED: YES NO

OTHER DOCUMENTATION \_\_\_\_\_

I AFFIRM THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. THE HOLDER FURTHER AGREES TO INDEMNIFY AND SAVE AND HOLD LAFOURCHE PARISH GOVERNMENT HARMLESS FROM LIABILITY THAT LAFOURCHE PARISH GOVERNMENT MAY HAVE AS A RESULT OF THE ISSUANCE OF SAID CERTIFICATE.

Amount Due: \$15.00 (CHECK or MONEY ORDER) made payable to: LAFOURCHE PARISH GOVERNMENT (( NO CASH ACCEPTED! ))

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_

Approved Denied \_\_\_\_\_ LPG Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_