

ATTN: OCCUPATIONAL LICENSE DEPARTMENT
402 Green Street
P.O. Drawer 5548
Thibodaux, LA 70302
985-493-6655 OR 800-834-8832
Fax 985-492-6008

Application for Occupational License

BUSINESS NAME _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE NUMBER _____ EMAIL _____

BUSINESS OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

FEDERAL TAX ID# _____ **contact U.S. Dept. of Revenue (IRS)..... 1-800-829-3676

(if no Federal Tax ID – must provide Social Security number)

STATE SALES TAX ID# _____ **contact La. Dept of Revenue 1-225-219-7462

PARISH SALES TAX ID# _____ **contact Lafourche Sales & Use Tax Office..... 985-446-4023

DESCRIPTION OF BUSINESS _____

BUSINESS CLASSIFICATION _____

Before submitting this form, please verify that you have the following REQUIRED paperwork to be turned in with your application...

- **IF you are a LSLB licensed contractor, please attach a current year copy of your state contractor's license.**
For more information, please contact the La. State Licensing Board for Contractors at (225) 765-2301.
- **IF you qualify for tax exemption because of 'Non Profit Organization' status or because of a disability, please attach a copy of your documentation from the La. Department of Revenue certifying your tax exempt status.**
For more information, please contact the U.S. Department of Revenue at 800-829-3676.

Please send payment by CHECK or MONEY ORDER payable to: **LAFOURCHE PARISH GOVERNMENT**
((NO CASH ACCEPTED!))

BY SIGNING BELOW, YOU ARE AFFIRMING THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Owner's Signature _____

Date _____