

Ouachita Parish Police Jury

P.O. Box 3007
Monroe, LA 71210-3007
Phone (318) 327-1340 Fax (318) 327-1339

Ouachita Parish Occupational License Application

_____ New _____ Renewal

Business Name: _____

Business Address: _____ City _____ State ____ Zip Code _____

Mailing Address: _____ City _____ State ____ Zip Code _____

Business Phone: _____ Cell Phone: _____ Emergency Phone: _____

Federal Tax ID: _____ State Tax ID: _____ Local Sales Tax ID: _____

TYPE OF OWNERSHIP (PLEASE CHECK ONE)

SOLE PROPRIETOR CORPORATION PARTNERSHIP

Contractor? (Yes / No) If yes, what kind? _____

OWNER(S) INFORMATION

Owner Name: _____

Home Address: _____ City _____ State ____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Social Security Number: ____ - ____ - ____ D.O.B: _____ Driver's License #: _____

Owner Name: _____

Home Address: _____ City _____ State ____ Zip Code _____

Social Security Number: ____ - ____ - ____ D.O.B: _____ Driver's License #: _____

PLEASE CHECK THE BUSINESS TYPE BELOW

RETAIL – MERCHANDISE _____
– SERVICE _____
– RENTALS _____

WHOLESALE – MERCHANDISE _____
– SERVICE _____
– RENTALS _____

PROFESSIONAL (PLEASE SPECIFY) _____

OTHER (PLEASE SPECIFY) _____

LAST YEAR'S GROSS SALES/RECEIPTS **OR** LOANS ISSUED **OR**
ANNUAL COMMISSIONS/BROKERAGE FEES \$ _____

LICENSE FEE DUE (FROM CHART ON BACK) \$ _____

PENALTY (10%) ASSESSED AFTER MARCH 1st \$ _____

INTEREST (1% PER MONTH) \$ _____

TOTAL LICENSE FEE DUE \$ _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

LOCAL SALES TAX ID: Located at the City Hall Annex Building on 316 Breard Street. Phone (318) 329-2220
STATE SALES TAX: Phone (225) 219-7462
FEDERAL TAX ID: Phone 1-800-829-3676