

Occupational License Checklist

In order to obtain an Occupational License from the City of Thibodaux the following steps must be taken before submitting application, required attachments and payment to the Tax Collector:

- ❑ Obtain an **Occupational License packet** from:
City of Thibodaux
Tax & License, Finance Dept
310 West 2nd St.
Thibodaux, LA 70301
PH.: (985) 446-7221 FAX: (985) 446-7242
<http://ci.thibodaux.la.us>
Download the packet from the web in Adobe (*.pdf) format.

- ❑ Obtain an **Occupancy Permit (required attachment)** from:
Department of Public Works
City Inspector
1219 Henry S. Thibodaux St.
Thibodaux, LA 70301
PH.: (985) 446-7208 FAX: (985) 446-7272
E-mail: cityinspector@ci.thibodaux.la.us

- ❑ Obtain a **Board of Health Permit, if necessary (required by City Inspector prior to obtaining Occupancy Permit)** from:
Lafourche Parish Health Unit
2535 Veterans Blvd.
Thibodaux, LA 70301
PH: (985) 447-0954 FAX: (985) 447-0897
<http://www.dhh.state.la.us/>

- ❑ Register for **Sales Tax (proof of registration, required attachment, if applicable)** with the following:

State of Louisiana Dept. of Revenue www.rev.state.la.us	Lafourche Parish School Board Sales & Use Tax Dept. 701 East 7 th St. Thibodaux, LA 70301 PH: (985) 446-4023 http://lafourche.k12.la.us/email/search.asp?l=CO_ST
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It is the applicant's responsibility to check with the above authorities on the necessity for additional permits & licenses.



CITY OF THIBODAUX
 TAX & LICENSE, FINANCE DEPT
 P.O. BOX 5418
 THIBODAUX, LA 70302
 PH. (985) 446-7221 FAX: (985) 446-7242
**APPLICATION FOR
 OCCUPATIONAL LICENSE**

Acct.# _____

Date Opened: ___/___/___

BUSINESS NAME		DBA NAME		BUSINESS PHONE:	
LOCATION ADDRESS	STREET NO.	STREET NAME	APT. / SUITE		EMAIL ADDRESS
MAILING ADDRESS	P.O. BOX OR STREET NO.	STREET NAME	APT. / SUITE		CITY/STATE ZIP
1. TYPE OF OWNERSHIP ___ PARTNERSHIP ___ INDIVIDUAL ___ L.L.C.: ___ CORPORATION ___ GOVERNMENTAL ___ NON-PROFIT - 501 (C) # _____					

BUSINESS AUTHORIZATION / I.D. NUMBERS (IF APPLICABLE):

A. CERTIFICATE OF OCCUPANCY NUMBER	*REQUIRED CONTACT PUBLIC WORKS	
B. LAFOURCHE/THIBODAUX SALES & USE TAX NUMBER		
C. LOUISIANA STATE I.D. NUMBER		
D. FEDERAL EMPLOYER I.D. NUMBER		

OFFICERS/OWNERS:

NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		

NATURE OF BUSINESS

NEW BUSINESS CLASSIFICATION

CHECK ONE	TABLE	CLASS DESCRIPTION	INITIAL APP FEE	CHAIN STORES:
	1	RETAIL / SERVICE	\$50	SEE CHAIN STORE TABLE REQUEST IF APPLICABLE
	2	WHOLESALE DEALER / CONTRACTOR	\$50	
	3	LENDING	\$50	
	4	COMMISSION / BROKERAGE AGENT	\$50	
	5	PUBLIC UTILITIES	\$50	
	7	PROFESSIONAL	\$50	

(Cash/Check #) Received by:

TOTAL DUE \$50.00

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I affirm that the information given on this application is true and correct. I will report any change in business ownership, operation, and / or address immediately.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PREPARER

DATE