

## Occupational License Checklist

In order to obtain an Occupational License from the City of Thibodaux, please review this checklist to ensure all required steps are met prior to submitting application, required documents and payment to the Tax Collector. It is the applicant's responsibility to check with the authorities listed on the necessity for any additional permits and licenses.

- ❑ **Obtain an Occupancy Permit from: (Prior to obtaining an Occupational License)**  
Department of Public Works  
City Inspector  
1219 Henry S. Thibodaux St.  
Thibodaux, LA 70301  
PH.: (985) 446-7208      FAX: (985) 446-7272  
E-mail: [cityinspectorsec@ci.thibodaux.la.us](mailto:cityinspectorsec@ci.thibodaux.la.us) or [eguidry@ci.thibodaux.la.us](mailto:eguidry@ci.thibodaux.la.us)
  
- ❑ **Obtain an Occupational License packet from:**  
City of Thibodaux  
Tax & License Dept  
310 West 2<sup>nd</sup> St.  
Thibodaux, LA 70301  
PH.: (985) 446-7221      FAX: (985) 446-7242  
<http://ci.thibodaux.la.us>

Depending on your scope of business the following contacts may or may not pertain to you:

- **Board of Health Permit (if necessary) 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/>
  
- **Tax (proof of registration required, if applicable) with the following:**  
Lafourche Parish School Board  
Sales & Use Tax Dept.  
701 East 7<sup>th</sup> St.  
Thibodaux, LA 70301  
PH: (985) 446-4023  
[http://lafourche.k12.la.us/email/search.asp?l=CO\\_ST](http://lafourche.k12.la.us/email/search.asp?l=CO_ST)
  
- **Register business with the State at:**  
State of Louisiana  
Dept. of Revenue  
[www.rev.state.la.us](http://www.rev.state.la.us)
  
- **For more information on trade names, trade marks or the various types of corporations contact:**  
La. Secretary of State  
Commercial Division  
PH: (225) 925-4704  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

**OFFICERS/OWNERS:**

<b>NAME</b>	<b>TITLE</b>	<b>TELEPHONE NUMBER</b>
<b>RESIDENT ADDRESS</b>		
<b>NAME</b>	<b>TITLE</b>	<b>TELEPHONE NUMBER</b>
<b>RESIDENT ADDRESS</b>		
<b>NAME</b>	<b>TITLE</b>	<b>TELEPHONE NUMBER</b>
<b>RESIDENT ADDRESS</b>		

**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

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

**CITY OF THIBODAUX**

POLICE DEPARTMENT  
1309 CANAL BOULEVARD – P.O. BOX 1338  
THIBODAUX, LOUISIANA 70302  
TELEPHONE: (985) 446-5021  
FAX: (985) 446-7214

**EMERGENCY BUSINESS FORM**

Please Print

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number (985) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Owner of Building \_\_\_\_\_

Owner's Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_

Alarm Company NO / YES (circle one)

If Yes,

Alarm Company \_\_\_\_\_

Alarm Company's Phone Number \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACTS / KEYHOLDERS FOR AFTER HOURS/WEEKENDS/HOLIDAYS**

1. \_\_\_\_\_ Home PS \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Home PS \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ Home PS \_\_\_\_\_ - \_\_\_\_\_

4. \_\_\_\_\_ Home PS \_\_\_\_\_ - \_\_\_\_\_

5. \_\_\_\_\_ Home PS \_\_\_\_\_ - \_\_\_\_\_

List any information the officer should be aware of in reference to your building.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_