

**APPLICATION FOR OCCUPATIONAL LICENSE
ST. TAMMANY PARISH TAX COLLECTOR**

P. O. Box 1229
Slidell, La. 70459

985-726-7790
FAX 985-726-7794

PLEASE PRINT WHEN COMPLETING THIS FORM

Classification of Business: (Service, Retail, Contractor, Etc.) _____

() If this is a new business, check the block and enter the opening date: _____
Date

Occupational license tax fee for new business is \$50.00 / becomes \$25.00 on July 1st of application year.

Total paid: _____ Check Number or Cash

1. Business Name, Address, and Phone

Business Name: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone: _____

2. Location of Your Business: (please do not use your P. O. Box as your location)

Street Address: _____

City/State/Zip: _____

3. Sole Proprietor

Owners Name: _____
Last Middle Initial First

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Social Security Number: _____

4. Corporations and Limited Partnerships (For incorporated and limited partnerships only. If incorporated, attach a copy of your State Charter Certificate, please list all officers of corporation.)

OFFICERS:

1. Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

2. Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

3. Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

4. Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

Description of activity of business: _____

I certify to the best of my knowledge, the above information is true and correct.

Signature of Owner, Agent, Officer _____ Title _____ Date _____

For Office Use Only		
Account Number _____	Check Number _____	Date Paid _____