



APPLICATION FOR OCCUPATIONAL LICENSE

**P.O. Box 310
Zachary, LA 70791
(225)-654-1935**

NEW LICENSE FEE: JANUARY 1 – JUNE 30 \$50.00 / JULY 1 – DECEMBER 31 \$25.00

Accept exact cash only or checks made payable to City of Zachary

Date of Application: _____ Date to Open: _____

Business Name (include DBA): _____

Owner Name: _____

Federal Identification Number **OR** Owner Social Security Number: _____

Type of Business (Retail, Restaurant, etc): _____

Physical Address: _____ Mailing Address: _____

Business Phone Number: (____) _____ Business E-Mail: _____

Contact Person for business relating to this license: _____

Phone number / E-mail of contact person: _____

Will you sell Alcoholic Beverages? ____ Yes ____ No

Will Amusement Devices (jukebox, video games, etc.) be used at this location? ____ Yes ____ No

If yes, what type(s) and how many of each? _____

Is this business part of a chain? ____ Yes ____ No

Total number of stores at any location: _____ Total number of stores in Zachary: _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Owner, Agent, Officer

Title

Date

FOR OFFICE USE ONLY

ISSUED:

LICENSE# _____

Code Compliance

Date

Comments: 40 days =

Chain Store License # _____