

City of New Iberia Occupational License Application



Mail to: TAX OFFICE – OCCUPATIONAL LICENSE DIV.
CITY HALL – SUITE 304
457 EAST MAIN STREET
NEW IBERIA, LA 70560-3700

Please **PRINT** or **Type** all information on the form. You must complete an application for each business location
For assistance call 337-369-2341 or visit the office at the above address. (some requests can be faxed - 337-373-3113)

| | | | | | | |
|------------|---|--|-----------|---|-----------|---|
| 1. | A. TRADE NAME | | | B. AREA CODE - PHONE NUMBER | | |
| | C. TRADE NAME DBA | | | D. DRIVER'S LIC. NO. | | |
| | E. LOCATION | | | F. CITY, STATE, ZIP CODE + DIGIT FOUR | | |
| 2. | MAILING ADDRESS - CITY - STATE - ZIP CODE | | | | | |
| 3. | TYPE OF OROGANIZATION | PLEASE CHECK ONE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOVERNMENTAL | | | | |
| 4. | IF SOLE OWNER (INDIVIDUAL) NAME | | | | | |
| 5. | NAME/TITLE OF OFFICERS OR PARTNERS | NAME | TITLE | | CELL | |
| | | NAME | TITLE | | CELL | |
| 6. | IF CORPORATION: NAME OF CORPORATION | | | | 7. | IS YOUR STORE PART OF A CHAIN? _____yes _____no IF YES PLEASE REFER FOR THE CHAINSTORE CHART TO DETERMINE FEES |
| | STATE & PARISH/COUNTY OF INCORPORATION | | | | | |
| | NAME AND ADDRESS OF REGISTERED AGENT | | | | | |
| 8. | DATE BUSINESS STARTED AT THIS LOCATION MONTH DAY YEAR | | 9. | REASON FOR APPLYING <input type="checkbox"/> STARTED NEW BUSINESS <input type="checkbox"/> OTHER (specify) _____ | | |
| | | | | <input type="checkbox"/> PURCHASED GOING BUSINESS NAME OF PREVIOUS OWNER: _____ NAME OF BUSINESS PURCHASED: _____ | | |
| 10. | DESCRIBE WHAT IS BEING SOLD OR TYPE OF BUSINESS RENDERED: _____ | | | | | |

I AGREE TO ABIDE BY THE LIMITATIONS OF THE APPROPRIATE DEPARTMENT LISTED BELOW. I UNDERSTAND APPROVAL IS CONTINGENT UPON COMPLYING WITH LIMITATIONS STATED BELOW, AND FAILURE TO COMPLY COULD RESULT IN PENALTIES OR LICENSE BEING REVOKED. I ALSO AGREE TO COMPLY WITH OFF-STREET PARKING ORDINANCES AND CONFORM TO REQUIREMENTS OF THE COMPREHENSIVE ZONING, TECHNICAL AND FIRE CODES ADOPTED BY THE CITY OF NEW IBERIA AND THE STATE OF LOUISIANA. _____(initial)

IF ALL INFORMATION IS CORRECT, PLEASE SIGN AND RETURN

SIGN HERE:

_____ DATE _____

| | |
|--|---|
| DEPT. OF ZONING APPROVED DENIED BY _____ | DATE _____ |
| 337-369-2354 | |
| RESTRICTIONS/REMARKS _____ | |
| ZONE: _____ | NON-CONFORMING USE: _____ |
| RESIDENTIAL BUSINESS _____ | CLASS A _____ CLASS B _____ |
| FIRE DEPARTMENT: APPROVED DENIED 337-369-2370 | BY _____ DATE _____ |
| RESTRICTIONS/REMARKS _____ | |
| BOARD OF HEALTH: APPROVED DENIED 337-373-0021 | BY _____ DATE _____ |
| RESTRICTIONS/REMARKS _____ | |
| PAID: _____ | CASH: _____ CHECK#: _____ NOT PAID: _____ |
| NUMBER ISSUED: _____ | BUSINESS CLASSIFICATION: _____ DATE ISSUED: _____ |

ANY RESTRICTION - BUSINESS LICENSE MUST BE PICKED UP AT THE CITY TAX OFFICE.

SIGN: _____