

ATTACH A COPY OF THE OWNER'S DRIVER'S LICENSE



**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 to 337-373-3113)

1	A. TRADENAME		B. AREA CODE - PHONE NUMBER						
	C. TRADENAME/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 ORGANIZATION	PLEASE CIRCLE ONE	INDIVIDUAL	CORPORATION	PARTNERSHIP	GOVERNMENTAL	LLC		
4	IF SOLE OWNER (INDIVIDUAL) NAME								
5	NAME/TITLE OF OFFICER/S OR PARTNERS	NAME	TITLE	CELL					
		NAME	TITLE	CELL					
6	IF CORPORATION: NAME OF CORPORATION			7	IS YOUR STORE PART OF A CHAIN? ____ YES ____ NO				
	STATE & PARISH/COUNTY OF INCORPORATION				IF YES PLEASE REFER FOR THE CHAINSTORE CHART TO DETERMINE FEES				
	NAME AND ADDRESS OF REGISTERED AGENT								
8	DATE BUSINESS STARTED AT THIS LOCATION		9	REASON FOR APPLYING	<input type="checkbox"/>	STARTED A NEW BUSINESS	<input type="checkbox"/>	OTHER (SPECIFY):	
	MONTH	DAY			YEAR	<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.

NAME: _____ DATE: _____

DEPT. OF ZONING APPROVED (337-369-2354)	RESTRICTIONS/REMARKS _____	BY: _____	DATE: _____
ZONE _____	NON-CONFORMING USE _____	LOCATION TYPE (CIRCLE ONE)	
RESIDENTIAL BUSINESS _____	CLASS A _____ CLASS B _____	RESIDENTIAL _____ COMMERCIAL _____	
FIRE DEPARTMENT: (337-369-2370)	RESTRICTIONS/REMARKS _____	BY: _____	DATE: _____
BOARD OF HEALTH: (337-373-0021)	RESTRICTIONS/REMARKS _____	BY: _____	DATE: _____

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: _____

OCCUPATIONAL LICENSE – WASTEWATER QUESTIONNAIRE

Applicant's Name: _____ Phone Number _____

Business Name: _____

Business Address: _____

1. Type of Business (Check) Industrial Commercial Professional Other (Specify):
 a. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply to your facility). If you have any questions regarding how to categorize your business activity, contact the City of New Iberia Wastewater Department (369-2367) for technical guidance.

- | | |
|--|--|
| <input type="checkbox"/> 40 CFR Part 405 – Dairy Products Processing | <input type="checkbox"/> 40 CFR Part 423 - Steam Electric Power Generating |
| <input type="checkbox"/> 40 CFR Part 406 - Grain Mills Manufacturing | <input type="checkbox"/> 40 CFR Part 424 - Ferroalloy Manufacturing |
| <input type="checkbox"/> 40 CFR Part 407 - Canned and Preserved Fruits and Vegetables | <input type="checkbox"/> 40 CFR Part 425 - Leather Tanning and Finishing |
| <input type="checkbox"/> 40 CFR Part 408 - Canned and Preserved Seafood Processing | <input type="checkbox"/> 40 CFR Part 426 - Glass Manufacturing |
| <input type="checkbox"/> 40 CFR Part 409 - Sugar Processing | <input type="checkbox"/> 40 CFR Part 427 - Asbestos Manufacturing |
| <input type="checkbox"/> 40 CFR Part 410 - Textile Mills | <input type="checkbox"/> 40 CFR Part 428 - Rubber Manufacturing |
| <input type="checkbox"/> 40 CFR Part 411 - Cement Manufacturing | <input type="checkbox"/> 40 CFR Part 429 - Timber Products Processing |
| <input type="checkbox"/> 40 CFR Part 412 – Feedlots | <input type="checkbox"/> 40 CFR Part 430 - Pulp, Paper, and Paperboard |
| <input type="checkbox"/> 40 CFR Part 413 – Electroplating | <input type="checkbox"/> 40 CFR Part 432 - Meat Products |
| <input type="checkbox"/> 40 CFR Part 414 - Organic Chemicals, Plastics, and Synthetic Fibers | <input type="checkbox"/> 40 CFR Part 433 - Metal Finishing |
| <input type="checkbox"/> 40 CFR Part 415 - Inorganic Chemicals Manufacturing | <input type="checkbox"/> 40 CFR Part 434 - Coal Mining and Processing |
| <input type="checkbox"/> 40 CFR Part 417 - Soap and Detergent Manufacturing | <input type="checkbox"/> 40 CFR Part 435 - Oil and Gas Extraction |
| <input type="checkbox"/> 40 CFR Part 418 - Fertilizer Manufacturing | <input type="checkbox"/> 40 CFR Part 436 - Mineral Mining and Processing |
| <input type="checkbox"/> 40 CFR Part 419 - Petroleum Refining | <input type="checkbox"/> 40 CFR Part 437 - Centralized Waste Treatment |
| <input type="checkbox"/> 40 CFR Part 420 - Iron and Steel Manufacturing | <input type="checkbox"/> 40 CFR Part 438 – Metals Products & Machinery |
| <input type="checkbox"/> 40 CFR Part 421 - Nonferrous Metals Manufacturing | <input type="checkbox"/> 40 CFR Part 439 - Pharmaceutical Manufacturing |
| <input type="checkbox"/> 40 CFR Part 422 - Phosphate Manufacturing | <input type="checkbox"/> 40 CFR Part 440 - Ore Mining and Dressing |
| <input type="checkbox"/> 40 CFR Part 442 - Transportation Equipment Cleaning | <input type="checkbox"/> 40 CFR Part 459 - Photographic |
| <input type="checkbox"/> 40 CFR Part 443 - Paving and Roofing Materials | <input type="checkbox"/> 40 CFR Part 460 - Hospitals |
| <input type="checkbox"/> 40 CFR Part 444 - Waste Combustors | <input type="checkbox"/> 40 CFR Part 461 – Battery Manufacturing |
| <input type="checkbox"/> 40 CFR Part 445 – Landfills | <input type="checkbox"/> 40 CFR Part 463 – Plastic Molding & Forming |
| <input type="checkbox"/> 40 CFR Part 446 - Paint Formulating | <input type="checkbox"/> 40 CFR Part 464 – Metal Molding & Casting |
| <input type="checkbox"/> 40 CFR Part 447 - Ink Formulating | <input type="checkbox"/> 40 CFR Part 465 - Coil Coating |
| <input type="checkbox"/> 40 CFR Part 451 - Concentrated Animal Feeding Operations | <input type="checkbox"/> 40 CFR Part 466 - Porcelain Enameling |
| <input type="checkbox"/> 40 CFR Part 454 - Gum and Wood Chemicals | <input type="checkbox"/> 40 CFR Part 467 - Aluminum Forming |
| <input type="checkbox"/> 40 CFR Part 455 – Pesticides | <input type="checkbox"/> 40 CFR Part 468 - Copper Forming |
| <input type="checkbox"/> 40 CFR Part 457 - Explosives Manufacturing | <input type="checkbox"/> 40 CFR Part 469 - Electrical and Electronic Components |
| <input type="checkbox"/> 40 CFR Part 458 - Carbon Black Manufacturing | <input type="checkbox"/> 40 CFR Part 471 - Nonferrous Metals Forming and Metal Powders |

2. Brief Description of Business Operations (include a separate sheet of paper, if needed) : _____

A. Does your business serve food? YES NO If Yes, do you have a grease trap? YES NO

B. Does your business wash vehicles? YES NO If Yes, what parts of the vehicles do you wash:
 Outside Inside Engine Other (specify): _____

C. Does your business use photo-processing and/or x-ray equipment? YES NO
 If Yes, what type of process is used? WET (Uses developer & fixer) DRY (Digital)

3. Indicate applicable North American Industry Classification System (NAICS) code(s) and/or Standard Industrial Classification (SIC) code(s) for all business processes: codes may be found at www.census.gov/epcd/www/naics.html _____

4. Drinking water sources: LAWCO Private Well Other, specify provider _____

5. Types of wastewater produced at the facility (Check all that apply):

- a. Domestic (sanitary sewage)
- b. Industrial/Process (water used in industrial process, production, manufacturing, etc.)
- c. Wash Water (Excluding Handwashing)
- d. Other (Specify): _____

6. Method(s) of wastewater discharge/disposal (Check all that apply):

- a. Domestic: City Sewer System Private Septic Tank & Leaching
 Other (Specify): _____
- b. Industrial/Process: City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____
 Other (Specify): _____
- c. Wash Water Used for Washing Equipment, Vehicles, Floors, etc. (Excluding Handwashing):
 City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____
 Other (Specify): _____
- d. Other: City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____

7. Does facility have any mercury sources? YES NO Is the facility working towards becoming mercury free? YES NO

8. Is there any waste water treatment practices proposed for this facility? Yes, (Specify Type: ex. Oil/water separator) No

9. Other Permits: List all existing or pending Federal (EPA), State (DEQ) or local environmental permits and the permit numbers for the facility. Types of permits include: air, hazardous waste, underground injection, solid waste, NPDES (for surface and storm water discharge), etc.

CERTIFICATION

I certify that this document and all attachments were prepared by me and that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Name: _____

(Print)

Signature: _____

Date: _____