

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 or eguidry@ci.thibodaux.la.us

- Obtain an Occupational License packet from:**
City of Thibodaux
Tax & License Dept
310 West 2nd 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 7th St.
Thibodaux, LA 70301
PH: (985) 446-4023
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

- **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



CITY OF THIBODAUX
 TAX & LICENSE, FINANCE DEPT
 P.O. BOX 5418
 THIBODAUX, LA 70302
 PH. (985) 446-7221 FAX: (985) 446-7242

Acct.# _____

**APPLICATION FOR
 OCCUPATIONAL LICENSE**

Date Opened: ____/____/____

BUSINESS NAME		DBA NAME		BUSINESS PHONE:	
LOCATION ADDRESS	STREET NO.	STREET NAME	APT. / SUITE		EMAIL ADDRESS
MAILING ADDRESS	P.O. BOX OR STREET NO.	STREET NAME	APT. / SUITE		CITY/STATE ZIP
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):

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

OFFICERS/OWNERS:

NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		SOCIAL SECURITY
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		SOCIAL SECURITY
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		SOCIAL SECURITY

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: _____

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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.

