

## 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 Occupational License packet from:**  
City of Thibodaux  
Tax & License, Finance Dept  
310 West 2<sup>nd</sup> St.  
Thibodaux, LA 70301  
PH.: (985) 446-7221      FAX: (985) 446-7242  
<http://ci.thibodaux.la.us>  
Download the packet from the web in Adobe (\*.pdf) format.
- Obtain an Occupancy Permit (required prior to obtaining Occupational License) from:**  
Department of Public Works  
City Inspector  
1219 Henry S. Thibodaux St.  
Thibodaux, LA 70301  
PH.: (985) 446-7208      FAX: (985) 446-7272  
E-mail: [cityinspector@ci.thibodaux.la.us](mailto:cityinspector@ci.thibodaux.la.us)
- Obtain a Board of Health Permit (prior to obtaining Occupancy 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/>
- Register for Sales Tax (proof of registration required, if applicable) with the following:**  
Lafourche Parish School Board  
Sales & Use Tax Dept.  
701 East 7<sup>th</sup> St.  
Thibodaux, LA 70301  
PH: (985) 446-4023  
[http://lafourche.k12.la.us/email/search.asp?l=CO\\_ST](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](http://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](http://www.sos.louisiana.gov)
- Electrical, Plumbing & Mechanical License Applicants must obtain an Approval Letter (required prior to obtaining Occupational License) from:**  
Department of Public Works  
City Electrical, Plumbing & Mechanical Inspector  
1219 Henry S. Thibodaux St  
Thibodaux, LA 70301  
PH.: (985) 446-7208      FAX: (985) 446-7272  
E-mail: [inspectorsoffice@ci.thibodaux.la.us](mailto:inspectorsoffice@ci.thibodaux.la.us)



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

Acct.# \_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_

Date Opened: \_\_\_/\_\_\_/\_\_\_

**APPLICATION IS REQUIRED FOR: (check one)**

<input type="checkbox"/> NEW BUSINESS		<input type="checkbox"/>		NAME OF PRIOR OWNER:	
<input type="checkbox"/> PURCHASE OF EXISTING BUSINESS		<input type="checkbox"/>		NAME OF PRIOR BUSINESS:	
NATURE OF BUSINESS - DESCRIPTION OF SALES OR ACTIVITIES:					
BUSINESS NAME				BUSINESS PHONE:	
OWNER'S NAME (Name of individual, partners or corporation)				E-MAIL ADDRESS	
LOCATION ADDRESS	STREET NO.	STREET NAME	APT. / SUITE	CITY/STATE	ZIP
MAILING ADDRESS	P.O. BOX OR STREET NO.	STREET NAME	APT. / SUITE	CITY/STATE	ZIP
1. TYPE OF OWNERSHIP    ___ PARTNERSHIP            ___ INDIVIDUAL            ___ NON-PROFIT ___ CORPORATION            ___ GOVERNMENTAL            ___ L.L.C.:					
<b>BUSINESS AUTHORIZATION / I.D. NUMBERS (IF APPLICABLE):</b>					
A. CERTIFICATE OF OCCUPANCY NUMBER					
B. LAFOURCHE/THIBODAUX SALES & USE TAX NUMBER					
C. LOUISIANA STATE I.D. NUMBER					
D. FEDERAL EMPLOYER I.D. OR OWNER'S SOCIAL SECURITY NUMBER					
E. NON-PROFIT 501 ( C ) NUMBER					
<b>OFFICERS/OWNERS:</b>					
NAME		TITLE		SOCIAL SECURITY NUMBER	
RESIDENT ADDRESS				TELEPHONE NUMBER	
NAME		TITLE		SOCIAL SECURITY NUMBER	
RESIDENT ADDRESS				TELEPHONE NUMBER	
NAME		TITLE		SOCIAL SECURITY NUMBER	
RESIDENT ADDRESS				TELEPHONE NUMBER	
<b>NEW BUSINESS (Office Use Only)</b>					
CLASS	TABLE	CLASS DESCRIPTION	QTY.	AMOUNT	CHAIN STORES:
					TOTAL STORES:
					LOCAL STORES/UNITS
<b>TOTAL DUE</b>					

(Cash/Check #) Received by:

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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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_