

POINTS TO REMEMBER ABOUT YOUR OCCUPATIONAL LICENSE

1. **CONTACT THE PERMIT CENTER TO ARRANGE AN INSPECTION FOR A CERTIFICATE OF OCCUPANCY.**

PERMIT AND INSPECTION CENTER-----337-527-2050
CITY FIRE INSPECTOR -----337-527-2058
2. EVERY SEPARATE LOCATION OF A BUSINESS NEEDS AN OCCUPATIONAL LICENSE.
3. THE LICENSE FEE YOU PAY TO START YOUR BUSINESS IS A TENTATIVE TAX. AFTER THE FIRST 30 DAYS OF BUSINESS, GROSS RECEIPTS MUST BE REPORTED TO THE LICENSE DEPARTMENT AND IF AN ADDITIONAL AMOUNT IS DUE, YOU WILL BE BILLED AT THAT TIME.
4. **BEFORE ANY ALTERATION IS MADE TO THE BUILDING BEFORE OR AFTER CONDUCTING BUSINESS; CONTACT THE PERMIT CENTER.**
5. SHOULD THE LOCATION OF A BUSINESS CHANGE, REMEMBER TO:
 - a. **OBTAIN A CERTIFICATE OF OCCUPANCY** FOR THE BUILDING INTO WHICH YOU ARE MOVING.
 - b. NOTIFY THE LICENSE DEPARTMENT OF YOUR NEW ADDRESS.
6. WHEN YOU CLOSE YOUR BUSINESS, REMEMBER TO:
 - a. COMPLETE THE BACK OF YOUR LICENSE AND RETURN IT TO THE LICENSE DEPARTMENT FOR CORRECTIONS TO YOUR FILE.
7. A LICENSE IS ONLY VALID UNTIL DECEMBER 31ST OF THE YEAR IT IS ISSUED.
8. WHEN FOOD IS INVOLVED, YOU MUST CONTACT THE CALCASIEU PARISH BOARD OF HEALTH FOR AN INSPECTION. A COPY OF A CURRENT INSPECTION IS REQUIRED BEFORE LICENSING.

HEALTH INSPECTION-----337-480-2550
9. WHEN ALCOHOL IS INVOLVED, YOU MUST OBTAIN A CITY AND STATE ALCOHOL BEVERAGE LICENSE.
10. SHOULD YOU HAVE QUESTIONS ABOUT YOUR BUSINESS ACTIVITY, PLEASE DO NOT HESITATE TO CALL:

LICENSE DEPARTMENT-----337-527-4500
LOCAL SALES TAX OFC-----337-437-1200
STATE SALES TAX OFC -----337-491-2504
PERMIT CENTER-----337-527-2050

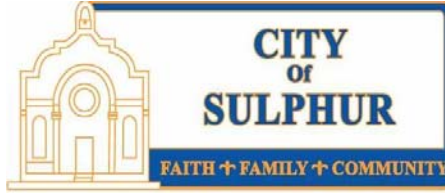
FOR OFFICE USE ONLY

AMT _____

CK# _____

DATE _____

CLERK _____



OCCUPATIONAL LICENSE APPLICATION

1. NAME OF BUSINESS _____

2. BUSINESS LOCATION _____

3. MAILING ADDRESS _____

4. LEGAL NAME OF OWNER _____

5. HOME/CORP ADDRESS _____

6. BUSINESS TELEPHONE _____ HOME/CORP _____

7. TYPE OF ORGANIZATION:

_____ INDIVIDUAL _____ PARTNERSHIP _____ CORP _____ LLC

IF OTHER THAN INDIVIDUAL, GIVE NAMES OF PARTNERS OR
PRINCIPAL OFFICERS _____

8. OPEN DATE FOR THIS LICENSE _____

9. DESCRIBE IN DETAIL THE TYPE OF BUSINESS ACTIVITY OR SERVICE YOU WILL
PERFORM _____

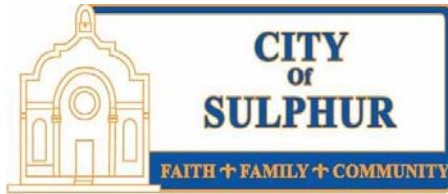
I AFFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT _____

TITLE _____

SOCIAL SECURITY # _____

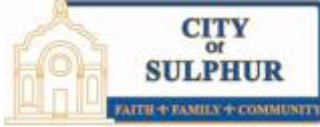
DRIVERS LICENSE # & STATE _____



HOW TO OBTAIN A CERTIFICATE OF OCCUPANCY

11. COMPLETE A CERTIFICATE OF OCCUPANCY APPLICATION.
12. CALL TO SCHEDULE AN INSPECTION DATE AND TIME.
13. APPROVAL FOR OCCUPANCY MUST BE OBTAINED BEFORE BEING ISSUED AN OCCUPATIONAL LICENSE.
14. **BEFORE ANY ALTERATION IS MADE TO THE BUILDING BEFORE OR AFTER CONDUCTING BUSINESS; CONTACT THE PERMIT CENTER.**
PERMIT CENTER-----337-527-2050
CITY FIRE INSPECTOR-----337-527-2058
15. AFTER ALL CITY OFFICIALS HAVE CONDUCTED AND APPROVED ALL INSPECTIONS REQUIRED AND THE CITY INSPECTORS HAVE SIGNED THE APPLICATION, AN INSPECTOR WILL ISSUE YOU A CERTIFICATE OF OCCUPANCY **TO BE CLEARLY DISPLAYED IN YOUR BUILDING.**

SHOULD YOU HAVE ANY QUESTIONS REGARDING A CERTIFICATE OF OCCUPANCY, PLEASE DO NOT HESITATE TO CONTACT THE PERMIT CENTER AT THE ABOVE LISTED PHONE NUMBER.



APPLICATION FOR CERTIFICATE OF OCCUPANCY

NAME OF BUSINESS _____

OWNER _____

MAILING ADDRESS _____

ADDRESS OF BUSINESS _____

OWNER OF PROPERTY _____

ADDRESS OF PROPERTY OWNER _____

TYPE OF BUSINESS _____

WATER SERVICE APPLIED FOR _____ EXISTING _____

BLDG CONTRACTOR _____ ELEC CONTRACTOR _____

PLBG CONTRACTOR _____ HVAC CONTRACTOR _____

I, THE UNDERSIGNED, HEREBY APPLY FOR A CERTIFICATE OF OCCUPANCY AND ACKNOWLEDGE MY UNDERSTANDING THAT **NO BUILDING OR STRUCTURE CAN BE OCCUPIED UNTIL IT HAS BEEN ISSUED A CERTIFICATE OF OCCUPANCY**. I ALSO UNDERSTAND THAT A CERTIFICATE OF OCCUPANCY IS ONLY VALID WHEN THE PROPERTY IS USED CONSISTENT WITH THE USE INDICATED ON THE APPLICATION. I AFFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF
APPLICANT _____ **TITLE** _____

(OFFICE USE ONLY)

C O # ISSUED _____

NO INSPECTION REQUIRED _____
CITY OFFICIAL _____

BUILDING PERMIT # _____ CONST. TYPE _____

OF STORIES _____ OCCUPANCY TYPE _____

BUILDING APPROVAL

DATE

CHIEF CITY INSPECTOR _____

BUILDING INSPECTOR _____

FIRE INSPECTOR _____