



Denise Fontenot, Director of Municipal Services

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Mike Danahay, Mayor

## NON-RESIDENT CONTRACTOR APPLICATION

Date: \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Legal Name of Owner \_\_\_\_\_

Home/Corp Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Home/Corp \_\_\_\_\_

Email \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_

If other than individual, give names of partners or principal officers

Hours of Operation: \_\_\_\_\_

Describe in detail the type of business activity or service you will perform:

Tax Id# \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # & State \_\_\_\_\_

I affirm that the information given on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FAITH



FAMILY



COMMUNITY

Revised 2/28/2023