

Denise Fontenot, Director of Municipal Services

City of Sulphur
Occupational License
P O Box 1309
Phone: 337-527-4517
license@sulphur.org



Mike Danahay, Mayor

NEW BUSINESS APPLICATION

Date: _____ Tax ID #: _____

Name of Business: _____

Business Location: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Home/Corp: _____

Email: _____

Type of organization:

☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **LLC**

Hours of operation _____

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

Provide information on owner (s) below. If corporation or partnership, provide information for officers or partners. For corporation, provide state of incorporation:

Name: _____ Title: _____

Driver's License #: _____ State: _____

Resident Address: _____

Social Security Number: _____ Telephone number: _____

Name: _____ Title: _____

Driver's License #: _____ State: _____

Resident Address: _____

Social Security Number: _____ Telephone number: _____

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

Signature: _____ Date: _____

FAITH

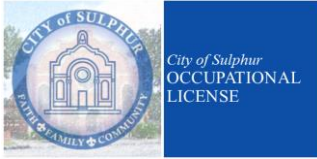


FAMILY



COMMUNITY

Revised 2/28/2023



Denise Fontenot, Director of Municipal Services

City of Sulphur
Occupational License
P O Box 1309
Phone: 337-527-4517
license@sulphur.org



Mike Danahay, Mayor

FOR OCCUPATIONAL LICENSE

Do you sell food? YES NO

If Yes, please attach a copy of your Board of Health Permit to Operate.

Do you sell Gasoline or Motor Fuels? YES NO

Will your Business have Video Poker/Amusement Devices? YES NO

If Yes, who owns machines? _____

Date business opened: _____

PLEASE CHECK ONLY ONE (1) OF THE BOXES BELOW:

- ☐ Started New Business – Less Than 30 Days – This Calendar Year
Business opened on or Prior to June 30th of current year... \$50.00
Business opened on or after July 1st of current year... \$25.00

- ☐ Business Opened More Than 30 Days
(A) Gross Receipts for First 30 Days _____
(B) Number of Months to Operate this year _____
(C) (A) Times (B) Equal Estimated Taxable Gross _____

- ☐ Business Opened During the Previous Calendar Year
(A) Gross Receipts _____
(B) Number of Days in Operate _____
(C) (A) Divided by (B) Equal average Daily Receipts _____
(D) 365 Times (C) Equals Estimated Taxable Gross _____