



Denise Fontenot, Director of Municipal Services

City of Sulphur
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Mike Danahay, Mayor

NEW BUSINESS APPLICATION

Name of Business _____

Business Location _____

Mailing Address _____

Legal Name of Owner _____

Home/Corp Address _____

Business Telephone _____ Home/Corp _____

Type of Organization _____ Individual _____ Partnership _____ Corp _____ LLC _____

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

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 4/22/2020