



# St. Bernard Parish Sheriff's Office

"Keeping St. Bernard Safe"



Sheriff Jack A. Stephens

## APPLICATION FOR ST. BERNARD OCCUPATIONAL LICENSE

Mail remittance to (check or money order)

JACK A. STEPHENS, Sheriff & Tax Office, PO Box 168 Chalmette, LA 70044-0168

Phone (504) 271-2504

(A separate application to be made for each place of business & for each class of business at every separate place)

Owner's Name \_\_\_\_\_

(Trade Name-If Any) \_\_\_\_\_

Location \_\_\_\_\_

(Street & Number)

(City/Town/Zip)

(Parish)

(Phone Number)

Mailing Address (If Different) \_\_\_\_\_

Kind of Business \_\_\_\_\_

Type of Ownership \_\_\_\_\_

(If Corporation, names of all partners or principal officers)

### BASIS OF LICENSE

1. Business has been operational or will become operational on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and the gross sales/receipts (whichever is applicable) for the first 30 days of operation, amount to \$ \_\_\_\_\_ and this amount multiplied by 12 equals \$ \_\_\_\_\_.

2. The following machines and / or tables will be operated during this year (attaché separate page if space below is insufficient).

NUMBER

KIND

SERIAL NUMBER

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

3. PEDDLING – Mode of Travel \_\_\_\_\_

Type of Merchandise \_\_\_\_\_

Single Parish or Statewide \_\_\_\_\_

4. HOTEL / ROOMING HOUSE: Number of Rooms \_\_\_\_\_

I AFFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT:

(SIGNATURE)

(TITLE)

FOR OFFICIAL USE ONLY 20 \_\_\_\_\_

AMOUNT RECD. \_\_\_\_\_

TAX ID NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_