



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____