



OCCUPATIONAL/GENERAL BUSINESS LICENSE (MASTER APPLICATION)

An Occupational or General Business license is required if you will be conducting business in Orleans Parish. After applying with the Bureau of Revenue, a zoning inspection is performed by the Department of Safety and Permits and/or State Health Department, depending on the nature of the business being opened. Once you have approval from the appropriate entitie(s), you will then return to the Bureau of Revenue to submit payment of your estimated taxes.

A. New Business Is Home Based? _____ Is purchase of new business (Name of previous owner _____)

B. Change in Status of Existing Business (Account Number _____)

C. Other (Please specify) _____

APPLICANT INFORMATION

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

BUSINESS INFORMATION

For Profit Not for Profit

Trade Name _____

Legal Name _____

Business Address/Business Location _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Web _____

FEIN _____ CPNC (if applicable) _____ No. of Employees _____

Legal Type of Business

Sole Proprietor

Other: _____

Partnership

Corporation

OWNER/OFFICER INFORMATION

Name _____ Title _____

Address _____

Phone _____ SSN _____

Email _____

Driver's License No. _____ State _____

Gender _____ DOB _____ Place of Birth _____

Name _____ Title _____

Address _____

Phone _____ SSN _____

Email _____

Driver's License No. _____ State _____

Gender _____ DOB _____ Place of Birth _____

Name _____ Title _____

Address _____

Phone _____ SSN _____

Email _____

Driver's License No. _____ State _____

Gender _____ DOB _____ Place of Birth _____

Name _____ Title _____

Address _____

Phone _____ SSN _____

Email _____

Driver's License No. _____ State _____

Gender _____ DOB _____ Place of Birth _____



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AUTHORIZED AGENT INFORMATION

Name _____ Title _____
Address _____
Phone _____
Email _____

PROPERTY OWNER INFORMATION

(Required for commercial businesses)

Name _____ Phone _____
Address _____
Email _____

Type of business currently being operated: _____

If no business currently operating: Type of previous business _____ Date Closed _____

Type of business requested _____

Wholesale _____ Retail _____ Other (Specify _____)

Is this a change of owners or operator only? Yes _____ No _____

INDICATE LICENSE/PERMIT APPLIED FOR

Occupational/Insurance License Tax _____ Artist Permit _____
Alcohol Beverage Permit _____ Mechanical/Electronic Device License Tax _____
Chain Store Tax _____ Annual Operator's License _____
Amusement Permit _____ Other Permits/Fees (E.g. Manager Permit, Bed and Breakfast Permit, Vieux Carre Fees, etc.) _____
Hotel /Bed and Breakfast _____

Please provide a detailed description of the proposed business and the type of sales, activities or services it performs in the box below.

ADDITIONAL INFORMATION (PLEASE COMPLETE ALL THAT APPLY)

Chain Store Total Number of Stores _____	Amusement Permit Entertainment with Admission Charge _____ Entertainment without Admission Charge _____	Artist Permit A Permit Jackson Square B Permit Pirates Alley C Permit Edison Park
Alcohol Beverage Permit Class A General (retail outlet, consumption on/off premises e.g. bar, lounge, club, special event, etc.) Class A Restaurant Class A Restaurant Conditional Class B General (consumption off premises: retail outlet, wholesale outlet, package liquor store, etc.)	Beer _____ Liquor _____ Wine (Package Only) _____	Hotel/Bed and Breakfast Number of rooms _____

SIGNATURES INDICATE LICENSE/PERMIT APPLIED FOR

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Owner/Officer Signature _____ Title _____ Date _____