

IBERIA PARISH GOVERNMENT

APPLICATION FOR OCCUPATIONAL LICENSE

MAIL TO:
 IBERIA PARISH GOVERNMENT
 COURTHOUSE BUILDING SUITE 400
 300 IBERIA STREET
 NEW IBERIA, LOUISIANA 70560-4587
 PHONE 365-8246

1. Name under which business is to be conducted _____ ()
PRINT - DO NOT WRITE AC TELEPHONE
2. Owner _____ ()
PRINT - NAME OF OWNER IF DIFFERENT FROM NAME ON LINE ONE AC HOME PHONE NO.
3. Location of business _____
STREET AND NUMBER CITY OR TOWN STATE ZIP CODE (9-DIGIT) PARISH
4. Mailing address (if different) _____
P.O. BOX OR STREET NO. CITY OR TOWN STATE ZIP CODE (9-digit) PARISH
5. Nature of business _____
DO NOT PUT RETAIL! STATE WHETHER GROCERY, DRY GOODS, HARDWARE, DEPARTMENT STORE, MFG., WHOLESALE, HOTEL, TOURIST COURT, PARKING LOT, PRINTING, LAUNDRY, DRY CLEANING, REPAIRS, AMUSEMENTS, STORAGE, LEASE AND RENTALS, ETC.
6. Check type ownership Individual Proprietor Partnership Corporation
7. Names of all partners _____
or principal officers if a corporation
8. How many places of business do you operate within the Parish of Iberia? _____
If you operate more than one place of business, separate and complete registration must be made for each location.
9. Date started, or Date business opened _____
10. If business has changed hands, show the Former Owner _____

Former Trade Name: _____

I AGREE TO ABIDE BY THE LIMITATIONS OF THE APPROPRIATE DEPARTMENT(S) LISTED BELOW. I UNDERSTAND THAT APPROVAL IS CONTINGENT UPON COMPLIANCE WITH THE APPROPRIATE REGULATIONS FOR MY TYPE OF BUSINESS. FAILURE TO COMPLY MAY RESULT IN PENALTIES.

Sign Here X _____ Title _____

FIRE DEPT.	REMARKS _____ APPROVED DENIED: BY _____ DATE: _____ REASON/LIMITATION _____
BOARD OF HEALTH 373-0021	REMARKS _____ APPROVED DENIED: BY _____ DATE: _____ REASON/LIMITATION _____

Account Number _____ Type of Business Code _____ Date Business Began _____
 _____ Keypunched By _____