



OCCUPATIONAL LICENSE APPLICATION

License Due By The Last Day of February.
Penalty & Interest Will Be Added Starting March 1st.

() New Application () Renewal LOCAL TAX ID NO.#
*Attach copy of tax registration certification.

Date of Return: Account No:

Tax Payer Name:

Business Name:

Owner:

Physical Address: Street Address City State Zip

Mailing Address: Mailing Address City State Zip

Telephone No: Email Address:

Federal Employer ID No: State ID No.:

Type of Business (check one): () Individual, () Partnership, () Corporation, ()
() LLC or () Other *** If other, please specify:

Nature of Business (description of sales or activities):

Amount of License (use tax table on back to calculate amount of license):

Signature of Applicant: Title:

Town of St. Francisville
P.O. Box 400 * St. Francisville, LA 70775
* Phone (225) 635-3688 * Fax (225) 635-6984 * email: townofsf@bellsouth.net

FOR OFFICE USE ONLY:

Year: Amount Paid: \$50.00 1st Year Date Paid:

Paid: Cash or Check Check #: License No.: