



City of Minden

Minden, Louisiana

Application for Occupational License

ALL FIELDS MUST BE COMPLETE

(Check One)

New Business	
Existing Business	
Other (Please Attach Explanation)	

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Type of Business: ___ Individual ___ Partnership ___ Corporation Business Begin Date: _____

Business Phone: _____ Business E-mail: _____

<i>Business Authorization Numbers (If Applicable)</i>	
A. Certificate of Occupancy Number	
B. Louisiana State I.D. Number	
C. Federal Employer I.D.	
D. Owner's Social Security Number	

Owner, Partner's or Corporation's* Full Name(s): _____

If New Business, Estimate Sales for balance of the year: _____

If Renewal of Existing Business, Gross Sales for previous year: _____

If Business Operates Amusement Machines, Games or Tables, Please Attach, Make, Model, & Serial Number.

Instructions and Conditions

1. The section number indicates which section from the tax rates schedule you use to determine the amount of your license.
2. Existing Businesses- show last year gross sales as reported to the City of Minden sales tax collection department.
3. New Business- estimate first year sales, on next year's occupational licenses the difference will be calculated for.
4. If your business uses the flat rate occupational license fee, enter the type in the section number and the amount in the total column.

Section Number	Gross Sales	Total

By signing, I acknowledge that an Occupational License is not an authorization to conduct business, but merely a receipt for taxes paid. I further acknowledge that a Certificate of Occupancy and/or other licenses or permits may be required to legally conduct business in the City of Minden.

Print Name: _____

Sign Name: _____ Date: _____

Office Use ONLY Approved _____ Non- Approved _____

