

CITY OF WEST MONROE
2305 North 7th Street West Monroe, LA 71291 318-396-2600
OCCUPATIONAL LICENSE

Submitted to the City of West Monroe, State of Louisiana, Under the Provisions of City Ordinance

BUSINESS INFORMATION

Date of Application	Date to Open	C.O #
Physical Address:		
Name of Business:		
Mailing Address: (if different from physical address)		
City:	State:	Zip Code:
Federal Tax #:	Type of Ownership <i>(please circle)</i>	Corp. LLC Sole Proprietor
Local Tax #:	Phone #:	Fax #:
Description of Business Activities:		

APPLICANT/OWNER INFORMATION

Owner :		
Applicant Name: (if not owner)		
Address:		Phone:
City:	State:	ZIP Code:
Drivers License#	SSN:	Date of Birth
Email Address:	Title :	

FOR COIN OPERATED OR FLAT RATE BUSINESS: FILL OUT CHART BELOW

ITEM	NUMBER X FEE	TOTAL FOR THIS ITEM
	X	\$
	X	\$
	X	\$
	X	\$
	TOTAL	\$

CALULATION OF TAX

Total Annual Gross Receipts (actual or estimated for 12 months)	\$
Total Amount of Tax Due (see fee tables) <small>CHECK PAYABLE TO CITY OF WEST MONROE</small>	\$

I authorize the verification of the information provided on this form.

Signature of applicant and Date: