

**CITY OF WEST MONROE**  
**2305 North 7<sup>th</sup> 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	\$
	<b>TOTAL</b>	<b>\$</b>

**CALCULATION OF TAX**

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

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

Signature of applicant and Date: