

Date Pd _____ Check # _____ Amt Pd _____

FOR OFFICE USE ONLY

CITY OF WEST MONROE
OFFICE OF THE FINANCE DIRECTOR AND CITY CLERK
2305 North 7th St., West Monroe, LA 71291 (318) 396-2600

OCCUPATIONAL LICENSE RENEWAL

Please complete and sign this form and return it with payment in the enclosed self-addressed envelope.
If your business has closed or if you need assistance, please contact the deputy tax collector at 397-6706.

*** Please complete missing information or make corrections as needed.

Physical address of business if different from mailing address:

ADDRESS _____ CITY/ST/ZIP _____

BUSINESS PHONE _____ HOME PHONE _____

FED TAX ID # (Required) _____ LOCAL SALES TAX # (Required for Retail Businesses) _____

*** For coin operated or flat fee businesses, please see table 6 or contact our office for additional forms.

All licenses must be renewed by the last day of February to avoid penalty and interest.

The rate is: Penalty 5% per month with a maximum of 25% and Interest is 1.25% a month with no maximum.
Late payments will **NOT** be accepted without penalty and interest charges included.

ACTUAL TOTAL GROSS RECEIPTS FOR PREVIOUS 12 MONTHS..... \$ _____
(Estimate if business has operated less than 12 months.)

TOTAL AMOUNT OF TAX DUE (SEE TABLES ATTACHED)..... \$ _____

INTEREST..... \$ _____

PENALTY..... \$ _____

TOTAL AMOUNT DUE REMIT THIS AMOUNT \$ _____

PERSON RENEWING LICENSE: _____
(Sign and print name)

Owner ___ Partner ___ Corp. Official ___ Mgr ___ Other _____

Date _____