



**WASHINGTON PARISH GOVERNMENT
OCCUPATIONAL LICENSE APPLICATION/RENEWAL FORM**

**909 PEARL STREET
FRANKLINTON, LA 70438**

PHONE: 985.839.7825 FAX: 985.839.7828

| | |
|--|--------------------------------|
| Taxpayer Name: _____ | |
| Business Name: _____ | |
| Location of Business: _____ | |
| Mailing Address (if different): _____ | |
| Telephone Number: _____ | Fax number: _____ |
| Email address (opt) _____ | State Sales Tax Number: _____ |
| Federal ID # _____ | Parish Sales Tax Number: _____ |
| Type of Organization: _____ Individual, Partnership, Corporation, Governmental, Non-Profit or Other (Specify) | |
| <i>If Corporation or Partnership, List Name of Officers or Partners:</i> | |
| _____ | |
| _____ | |
| _____ | |
| If Corporation, State of Incorporation: _____ | |
| Date Started or to Start this Business in Washington Parish: _____ | |
| Excluding this one, how many other business locations do you have in the Parish, outside Municipalities? _____ | |
| Nature of Business (Brief Description of Sales or Activity): _____ | |
| _____ | |
| _____ | |
| <i>I affirm that the information given on the application is true and correct.</i> | |
| Signature of Applicant _____ | Title _____ Date _____ |
| Application form must be filled out completely | |

For office use only:

Date received: _____

Date Issued: _____

Received by: _____