



**City of Minden
Minden, Louisiana
Application for Occupational License
ALL FIELDS MUST BE COMPLETE**

(Check One)

New Business	
Existing Business	

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Type of Business: __ Individual __ Partnership __ Corporation Business Start Date: _____

Business Phone: _____ Business E-mail: _____

Business Authorization Numbers (If Applicable)

Certificate of Occupancy Number (Building & Inspection Dept.)	
Louisiana State I.D. Number	
Federal Employer I.D. Number	

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

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	Estimate Sales (New Business)	Total

Per the LaDHH if you are a: Hospital, Nursing Home, Daycare, School, Dentist Office, Surgery Center, Dialysis Center, etc., or a food establishment (Grocery Store, Restaurant, Deli, Gas Station, etc.) Please check the box, and give a brief description of business, and provide a local emergency contact and phone number.

Description: _____

Emergency Contact Name: _____ Phone Number: _____

(It is the customer's responsibility to keep the emergency contact up to date.)

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: _____