

<b>CITY OF LAKE CHARLES</b> <b>DEPARTMENT OF FINANCE (337) 491-1442</b> <b>P.O. Box 3706, Lake Charles, LA 70602-3706</b>			<b>FOR OFFICE USE ONLY</b>		
1. DATE OF APPLICATION MONTH:      DAY:      YEAR:			CONTROL #		LICENSE #
<b>APPLICATION FOR AND/OR REQUEST FOR OCCUPATIONAL LICENSE TAX</b>			LEAVE BLANK  3. EIS 4. CLASS		
5. Federal Employee ID Number [ ] NONE		6. Louisiana Sales Tax Number [ ] NONE		7. City of Lake Charles Sales Tax Number [ ] NONE	
8. A. Taxpayer Mailing Name:				B. Date of Birth:	
C. Address					
D. City:		State:		Zip:	
Phone:					
9. A. Taxpayer Trade Name:					
B. Business Location Address:					
C. City:				State:	
Zip:				D. Parish:	
E. Is business located within city of corporate limits?    [ ] Yes    [ ] No				F. Phone:	
10. A. True Name (legal):					
B. Trade Name:					
C. Name Continuation:					
D. Name Continuation:					
E. Address:					
F. City:				State:	
Zip:				G. Parish:	
11. If Corporation or Partnership - Name, title and SSN of Officers or Partners		Name:      Title:			
		Name:      Title:			
		Name:      Title:			
12. If Sole Owner (Individual) Name and SSN:					
13. Type of Organization:		A. [ ] Individual    B. [ ] Partnership    C. [ ] Corporation    D. [ ] Governmental    E. [ ] Non-Profit    F. [ ] Other [ ] Disadvantaged Business Enterprise (DBE)    [ ] Minority Business Enterprise    [ ] Small Business Enterprise			
14. Ending month of Accounting (Fiscal Year)		15. Name and Address of agent for service of process:			
16. Location of Accounting Records are Maintained – Check as noted above (If other, Show Street Address, City and State) [ ] 8.    [ ] 9.    [ ] 10.    [ ] Other					
17. If Corporation, state of incorporation:		18. Reason for applying:		A. [ ] Started New Business B. [ ] Purchased Going Business - Name of Previous Owner: C. [ ] Other (Specify):	
19. Date started/acquired business Month      Day      Year		20. Have you ever registered with Secretary of State for Louisiana as a Foreign Corp? [ ] Yes    [ ] No		21. Excluding this one, how many other business locations do you have in Lake Charles?	
22. Nature of Business					
Trade					
Manufacturing					
Mining					
Other					
Governmental					
Non-Profit					
23. Driver's License Number of Primary Owner: #				Phone Number of Primary Owner:	
I affirm that the information on this application and attached schedules is true and correct.					
Signature			Title		
The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, see the City of Lake Charles' website – <a href="http://www.cityoflakecharles.com">www.cityoflakecharles.com</a> or call the Title VI Coordinator at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or the appropriate Department Head.					

**CITY OF LAKE CHARLES**  
**BUILDING AND LAND USE SURVEY FORM FOR OCCUPATIONAL LICENSE**

Business Owners Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Location: \_\_\_\_\_

Previous Use: \_\_\_\_\_

1. ☐ **New Building/Business** – Need Application for Certificate of Occupancy. Send to The Permit Center.
2. ☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant six months or less.
- ☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant six months to one year.  
Call Zoning Office for approval, then issue Occupational License.  
Zoning: \_\_\_\_\_ ☐ Approved ☐ Rejected – Send applicant to Zoning Office
- ☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant for more than one year.  
Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
3. ☐ **Existing Building** – Change of Use: Proposed Use \_\_\_\_\_ Previous Use \_\_\_\_\_  
Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
4. ☐ **Home Occupation** ☐ **Home Business** Send to Zoning Office for approval.  
☐ Rejected ☐ Approved pursuant to adherence of Sec. 5-207 of Zoning Ordinance (issued to applicant). \_\_\_\_\_

**USED OR CLASSIFICATION**

- ☐ **Assembly** – Occupancy exceeds 100 persons. Churches, Restaurants, Auditoriums, etc.
- ☐ **Business** – Office Buildings, Beauty Shops, Service Stations, Nurseries, Banks, Vocational Schools, Doctor Offices, Restaurants, etc.
- ☐ **Educational** – Classrooms
- ☐ **Factory/Industrial** – Factory, Assembly Plant, Mill, etc.
- ☐ **Institutional** – Hospital, Nursing Home, etc.
- ☐ **Mercantile** – Retail Sales, Drug Store, Department Store, etc.

*Applicant/Owner agrees the above information is correct and to conform to all applicable laws of the City of Lake Charles. Applicant further agrees to stay in strict compliance with the adopted Zoning Ordinance and Building Code of the City.*

\_\_\_\_\_  
Date

Applicant/Owner

**FOR TAX OFFICE USE ONLY**

Type of Business to be Conducted:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Retail Store            | <input type="checkbox"/> Itinerant Vendor | <input type="checkbox"/> Repair FPB* |
| <input type="checkbox"/> Restaurant/Café         | <input type="checkbox"/> Home Occupation  | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Service/Repair - Mobile | <input type="checkbox"/> Home Business    | <input type="checkbox"/> Lounge      |
| <input type="checkbox"/> Contractor              | <input type="checkbox"/> Wholesaler       | <input type="checkbox"/> Other:      |

Are alcoholic beverages going to be sold? \_\_\_\_\_

For consumption on premises \_\_\_\_\_

Package Sales Only \_\_\_\_\_

Licenses Applicable (class description) \_\_\_\_\_

Permits Applicable (class description) \_\_\_\_\_

Sales Tax Registration No. \_\_\_\_\_

Fees to be collected \$ \_\_\_\_\_

Determined By: \_\_\_\_\_

Date: \_\_\_\_\_

Is this: ☐ New Business ☐ Change of Ownership ☐ Change of Location

\*FPB – Fixed Place of Business

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