

CITY OF LAKE CHARLES DEPARTMENT OF FINANCE (337) 491-1442 P.O. Box 3706, Lake Charles, LA 70602-3706			FOR OFFICE USE ONLY Beer: _____ Liquor: _____ Restaurant End: _____																				
1. DATE OF APPLICATION MONTH: _____ DAY: _____ YEAR: _____		CONTROL #	LICENSE #																				
APPLICATION FOR AND/OR REQUEST FOR OCCUPATIONAL LICENSE TAX			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:																			
				Social Security Number																			
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		20. Have you ever registered with Secretary of State for Louisiana as a Foreign Corp?		21. Excluding this one, how many other business locations do you have in Lake Charles?																			
Month Day Year		[] Yes [] No																					
22. Nature of Business		<table border="1"> <tr><td>Trade</td><td></td><td></td></tr> <tr><td>Manufacturing</td><td></td><td></td></tr> <tr><td>Mining</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>Governmental</td><td></td><td></td></tr> <tr><td>Non-Profit</td><td></td><td></td></tr> </table>				Trade			Manufacturing			Mining			Other			Governmental			Non-Profit		
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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 – www.cityoflakecharles.com 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:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location
*FPB – Fixed Place of Business		

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