



Greg Cromer, Mayor
Blair Ellinwood, Finance Director

The City of Slidell

FINANCE DEPARTMENT

Occupational License

2045 Second St., Ste 214 * P.O. Box 828 * Slidell, LA 70459

Email Address: occupationallic@cityofslidell.org

Telephone: (985) 646-4310

Fax: (985) 646-4223

OCCUPATIONAL LICENSE APPLICATION

INSIDE THE CITY LIMITS OF SLIDELL

BEFORE submitting application, the following copies/forms must be obtained from various sources:

- **Corporation, LLC, LLP, limited partnership, or Nonprofit**--Good Standing with current business location listed with the La. Sec. of State. (www.sos.la.gov).
Assumed Business Name (Trade Name/DBA)-- Registration with the St. Tammany Parish Clerk of Court, 520 Old Spanish Trail, 985 643 6969.
- **Sales/Use Tax Form** --St. Tammany Parish Sales Tax Number **OR LETTER** from Parish stating tax number is not required, 300 Brownswitch, 726-7777.
- **Certificate of Occupancy** (operating from a commercial building) signed by Building Safety Dept. (250 Bouscaren St., Ste 202/985-646-4323/ fax 646-6117).
Home Occupation Verification form (operating from a residence) submit to Building Safety Dept. (250 Bouscaren St., Ste 202/646-4323).

**All Contractors/Sub-Contractors must register with the Building Safety Department
(250 Bouscaren St., Ste 202)**

LIQUOR APPLICATION MUST BE OBTAINED FROM CLERK.

PLEASE READ ALL INSTRUCTIONS ABOVE CAREFULLY!

APPLICATION CANNOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS.

CITY OF SLIDELL, LOUISIANA
Occupational License New Business Checklist

CORP./LLC/PARTNERSHIP NAME _____

TRADE NAME/ D/B/A _____

BUSINESS LOCATION ADDRESS _____

CONTACT PERSON _____ PHONE NUMBER _____

- _____ 1. Registration with LA Secretary of State and/or St. Tammany Parish Clerk of Court as noted on Cover Sheet.
- _____ 2. LA TAX ID NUMBER or FED. TAX ID NO. AND St Tammany Parish form indicating sales/use tax number or letter from Parish stating no number required. (300 Brownswitch Rd., 726-7777)
- _____ 3. Copy of Articles of Incorporation (or LLC). *if applicable*
- _____ 4. Health Certificate (*food establishment*) Contact Dept. of Environmental Quality (985) 893-6296. **MUST BE OBTAINED BEFORE APPLIOATION FOR OCCUPANCY APPROVAL BY BLDG SAFETY!**
- _____ 5. Application for Occupancy (Commercial location) *Call Building Safety Dept. (985) 646-4323.* Or Home Occupation Verification (Home business) *Call Planning Dept (985) 646-4320.*
- _____ 6. Occupational License Application.
Minimum License Fee \$50.00. From July 1 thru Dec. 31 fee is \$25.00.
- _____ 7. Chain Store License Tax. (*if applicable*) *Contact the Finance Dept. at (985) 646-4310.*
- _____ 8. Water Application, if applicable. *Contact the Finance Department at (985) 646-4309.* \$60.00 Non-Refundable Service Fee (SEPARATE PYMT FROM OCC LIC)
- _____ 9. Lease Agreement signed by both parties (**required** with water application).
- _____ 10. Current Picture I.D.

SUBMIT CHECKLIST WITH OCC LIC APPLICATION

ADDITIONAL INFORMATION MAY BE REQUIRED DEPENDING ON BUSINESS TYPE

Liquor Application must be obtained from Clerk.

CITY OF SLIDELL
P.O. BOX 828/2045 Second St. #214
SLIDELL, LA 70459

PARISH TAX# _____
LA TAX ID # _____
FED TAX ID # _____

**OCCUPATIONAL
LICENSE
APPLICATION**

Please PRINT OR type all information on this form. Call (985) 646-4310 for assistance.
You MUST complete an application for each location.

DATE TO BEGIN BUSINESS _____ New Business NEW LOCATION
(OR NEW LOCATION) _____ Purchase Existing Business OTHER _____

Trade name of Business (DBA) _____

Business Location (include ZIP) _____

Type of Organization: ___ Individual ___ Partnership ___ Corporation ___ LLC ___ Non Profit ___ Other _____

Name of LLC, Corp., Inc., etc. _____

Mailing Address: _____

City, State & Zip : _____

Email Address: _____

Business Telephone Number: _____ Contact Telephone Number, if different than Business Number : _____

Contact Name: _____ Contact Name: _____

If Sole Owner:
Name _____ SSN: _____

Home Address _____ Phone: _____

If Corp., LLC or Partnership, List Officers. Attach list for additional spaces.
Name (Chief Officer) _____ SSN: _____
Address _____ Phone: _____

Name _____ SSN: _____
Address _____ Phone: _____

Renewal date for OCCUPATIONAL LICENSE is JANUARY 1 of each subsequent year and becomes DELINQUENT on MARCH 1.
Renewal date for ALCOHOLIC BEVERAGES is DECEMBER 1 of each subsequent year and becomes DELINQUENT on JANUARY 1.
A new liquor Schedule A will be required for new officer and manager each year and must accompany renewal application.
NON-RECEIPT OF ANNUAL RENEWAL FORM NOT DEEMED EXCUSE FOR FAILURE TO PAY PENALTY AND INTEREST AFTER DELINQUENT DATE!

Describe in detail nature of your business: _____

I affirm that the information given on this application is true and correct.

Signature of Owner (Required) _____ Date _____
AND

Signature of Preparer and title (If other than Owner) _____ Date _____

PREPARER'S ADDRESS _____ Phone Number _____



Department of Building Safety
 250 Bousscaren Street, Suite # 202
 Slidell, La. 70458
 985-646-4323

Application for Occupancy

Name of Business _____

Address of Business _____

Type of Business _____

Owner of Business _____

Contact Phone Number _____

Name of Previous Business at This Address _____

Length of Vacancy _____

There is a \$30.00 fee for inspection and issuance of the Certificate of Occupancy when it is determined that an inspection is required.

If you plan to make any renovations to the Building, please explain on the lines below as a Building Permit may be required.

 Applicant's Name

 Date

For Office Use Only

- Approved application given to applicant
- Approved application faxed to Finance Department and Applicant has been informed

Inspection Required: Yes _____
 No _____

Receipt No. _____
 C/O No. _____

 Reviewed By

 Date



Planning Department

HOME OCCUPATION

Verification

250 Bouscaren St, Ste 203

Slidell, LA 70458

985.646.4320

fax 985.646.4356

planningdept@cityofslidell.org

myslidell.com

This form verifies that the home business (aka home occupation) described on this form is permitted.

Site

Street Address: _____

Zoning District: _____

Home Occupation/Business

Name of Business: _____

Type of Business (describe in detail):

Applicant & Business Conductor

Applicant must be the individual that will be conducting the business and must reside at the street address listed above

Name: _____

Phone # _____

Email: _____

Attach a copy of a valid form (driver license, voter registration, passport) proving that the address above is the principal residence of the applicant

I certify that the information on this form is true to the best of my knowledge and that the business shall be conducted in accordance with the City of Slidell Code of Ordinances and other applicable laws.

Signature of Applicant _____ Date _____

Approved	By: _____
Not Approved	Date: _____

Certifications

- All business activities will be conducted by a member(s) of the immediate family, by blood or marriage, residing in the home. YES NO
- All business activities are incidental and secondary to the use of the home for dwelling purposes. YES NO
- All business activities will be conducted within the home and not from an accessory structure (e.g. detached or attached garage, carport, porch, or utility shed) or any addition to the home that is not accessible from within the home. (Swimming pools may be used to conduct swimming lessons.) YES NO
- The business will not involve any alterations to the interior or exterior of the home that would affect its use as a home or make it appear as anything but a home. YES NO
- There will be no display or activity that will indicate from the exterior of the home that it is being used as a business. YES NO
- The business will occupy less than 25 percent of the floor area of the home. YES NO
- Only mechanical equipment or materials that are normally found in a home will be used or stored on the premises. YES NO
- Only goods or materials that can be delivered by USPS, messenger service, private delivery service (no more than 1 ½ tons), or the passenger automobile of the person conducting the business will be kept on the premises. YES NO
- The business will not involve the sale of goods or products on the premises (e.g. a shop or store). YES NO
- There will be no more than two cars and one commercial vehicle (no more than 1 ½ tons) associated with the business parked at the home; vehicles will not be parked on the grass. YES NO
- For businesses conducted by professional persons: The business will be only for consultation or instruction. YES NO
- For child care services: There will be no more than seven children at any one time, excluding those residing in the home. YES NO

**PARISH WIDE SALES AND USE TAX
REGISTRATION FORM FOR USE IN ALL
CITIES AND UNINCORPORATED AREAS OF
ST. TAMMANY PARISH
SHERIFF'S OFFICE**

**PLEASE COMPLETE AND RETURN TO:
ST. TAMMANY PARISH
SALES & USE TAX DEPARTMENT
P. O. BOX 1229
SLIDELL, LA 70459
(MAILING ADDRESS IS FOR REGISTRATION APPLICATION INFORMATION ONLY)
(985) 726-7777; (985) 726-7767 Fax**

For Sheriff's Office Use Only

Parish Sales Tax Number: _____ Date of Issue: _____

LA Sales Tax#: _____ Federal Tax ID#: _____ Federal Standard Industrial Code: _____

Trade Name on Signs/Advertising: _____

Legal Name (your name/corporate name): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Are you inside city limits? Yes _____ No _____ If inside list City: _____

Do you have in-store sales, delivery sales, or sales on the Internet or a combination (be specific)? _____

Physical Address: _____

Shopping Center: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Ward Number: _____

Open Date of Business/ Date Began Sales in St. Tammany Parish: _____ / _____ / _____

A SEPARATE CERTIFICATE IS REQUIRED FOR EACH LOCATION OF YOUR BUSINESS

If any corporation fails to remit the sales and use taxes collected from purchasers or consumers, the Collector is authorized to hold those officers or directors personally liable for the total amount of such taxes, together with any interest, penalties, and fees accruing thereon. Collection of the total amount due may be made from any one or any combination of such officers or directors. A corporation by resolution of the board of directors may designate an officer or director having direct control or supervision of such taxes, and such resolution shall be filed with the Clerk of Court for the Twenty-Second Judicial District of Louisiana. If corporation or partnership Name, Title, Social Security Number, Resident Address, and Phone # of Officers, Directors or partners.

Owner's Name: _____ Social Security Number: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

OFFICERS: (NO P.O. BOXES MAY BE USED FOR THE ADDRESS)

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Agent's/Contact's Name: _____ Phone: _____

Address, City, State, Zip Code: _____

Location of Accounting Records: _____

Detailed Description of Nature of Business: _____

If an individual is an applicant for a certificate required by this Ordinance, the application must be signed by him; if a partnership or an association of persons, by a member of the firm; and if a corporation, by the proper officer thereof. Any intentional false statement as to any material facts in the application for a certificate shall constitute a misdemeanor.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT OR TYPE APPLICANT'S NAME AND TITLE: _____