



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

CORPORATION/LLC/PARTNERSHIP NAME: _____

TRADE NAME/ D/B/A: _____

BUSINESS LOCATION ADDRESS: _____

ZIP CODE: _____ PHONE NUMBER: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

-
- _____ 1. **Registration with the Louisiana Secretary of State and/or the St. Tammany Parish Clerk of Court** as noted on Cover Sheet
 - _____ 2. **Louisiana Tax ID Number or Federal Tax ID Number** and St Tammany Parish form indicating your **sales/use tax number** OR a letter from the Parish stating no number required (contact the Parish at 300 Brownsitch Rd, 985-726-7777)
 - _____ 3. **Copy of Articles of Incorporation** (or LLC), as applicable
 - _____ 4. **Health Certificate** (for a *food establishment*) must be obtained by contacting LA DEQ at 985-893-6296 BEFORE your application for occupancy can be approved by Building Safety!
 - _____ 5. **Application for Occupancy** (Commercial location); call Building Safety Dept. at 985-646-4323 OR **Home Occupation Verification** (Home business); call Planning Dept. at 985-646-4320
 - _____ 6. **Occupational License Application**; Minimum License Fee \$50 – prorated from July 1 - Dec 31 to \$25
 - _____ 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 (this is a separate payment from the Occupational License)
 - _____ 9. **Lease Agreement** signed by both parties (required with water application)
 - _____ 10. **Current Picture ID**

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 Name (Chief Officer) _____ SSN: _____

Officers. Attach Address _____ Phone: _____

list for additional spaces.

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 &
Permits

Application for OCCUPANCY

DELIVER FORM TO:
250 Bouscaren St, Ste 202
Slidell, LA 70458
985.646.4323
fax 985.646.6117
buildingsafety1@cityofslidell.org

Applicant / Business Information

Name of Business: _____

Address of Business Location: _____

Type of Business: _____

Owner of Business: _____

Contact Phone Number: _____

Email Address: _____

Name of Previous Business at this Address: _____

How long has building been vacant? _____ If not vacant, is this a change of ownership? _____

Is this a shared business space? ___yes___no with _____

Do you have permanent power? ___yes___no Electrical account #: _____

Please Note:

- *There is a \$50.00 fee for inspection and Issuance of the Certificate of Occupancy when it is determined that an inspection is required, typically when there is a change in use of a structure.*
- *If you plan to make any interior or exterior renovations to the building please explain on the line below or attach additional sheets, as a Building Permit may be required.*

Applicant Signature

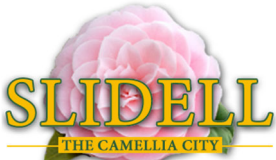
Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

- | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A copy of property lease provided by applicant | <input type="checkbox"/> Approved application given to Applicant |
| <input type="checkbox"/> A copy of the health certificate provided by applicant | <input type="checkbox"/> Approved application sent to Finance Department and Applicant has been informed |
| <input type="checkbox"/> Temporary power form sent _____ | |

Inspection Required: Yes _____ No _____		Receipt #
_____ Approved	By:	Fee Paid \$
_____ Not Approved	Date:	Permit #
Flood Zone:	Design Elevation:	Tax Assessment #:



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/occupation described below is permitted by the City's zoning regulations. This form by itself does not grant all permissions that may be needed to start a business.

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) that proves 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:	Permit #
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
- ONLY For businesses conducted by professional persons: The business will be only for consultation or instruction. YES NO N/A
- ONLY For child care services: There will be no more than seven children at any one time, excluding those residing in the home. YES NO N/A

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 1189
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: _____