



**City of Minden  
Minden, Louisiana**

**Application for Occupational License  
for the year ending 20\_\_\_\_\_.**

**ALL FIELDS MUST BE COMPLETE**

**(Check One)**

<b>New Business</b>	
<b>Existing Business Renewing</b>	

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_ Individual \_\_ Partnership \_\_ Corporation Business Start Date: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

**Business Authorization Numbers**

Federal Employer I.D. Number	
Louisiana State I.D. Number	
Webster Parish I.D. Number (assigned by Webster Sales Tax Office, P# 318-377-8948)	
Social Security # (for Private Landlords, Sole Proprietors, or Single Member LLC's)	
Certificate of Occupancy # (Office use ONLY - assigned by Building & Inspections Dept.)	

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 #	Fee Table	Gross Sales <u>or</u> Estimated Sales for New Business	If Applicable, # of Chain Stores	If Applicable, Chain Store Fee \$	If Applicable, Late Fee Owed \$	Total Due \$

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: \_\_\_\_\_

**PLEASE ALLOW UP TO 14 DAYS FOR PROCESSING**