

**ATTACH COPY OF OWNER'S DRIVER'S LICENSE OR STATE ISSUED ID**

## City of New Iberia Occupational License Application



Mail to: TAX OFFICE – OCCUPATIONAL LICENSE DIV.  
CITY HALL – SUITE 304  
457 EAST MAIN STREET  
NEW IBERIA, LA 70560-3700

CLECO ACCT. # \_\_\_\_\_

Please **PRINT** or **Type** all information on the form. You must complete an application for each business location  
For assistance call 337-369-2341 or visit the office at the above address. (some requests can be faxed - 337-373-3113)

<b>1.</b>	A. TRADE NAME		B. AREA CODE - PHONE NUMBER	
	C. TRADE NAME DBA		D. DRIVER'S LIC. NO.	
	E. LOCATION		F. CITY, STATE, ZIP CODE + DIGIT FOUR	
<b>2.</b>	MAILING ADDRESS - CITY - STATE - ZIP CODE			
<b>3.</b>	TYPE OF ORGANIZATION	PLEASE CHECK ONE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOVERNMENTAL		
<b>4.</b>	IF SOLE OWNER (INDIVIDUAL) NAME			
<b>5.</b>	NAME/TITLE OF OFFICERS OR PARTNERS	NAME	TITLE	CELL
		NAME	TITLE	CELL
<b>6.</b>	IF CORPORATION: NAME OF CORPORATION		<b>7.</b>	IS YOUR STORE PART OF A CHAIN?
	STATE & PARISH/COUNTY OF INCORPORATION			____yes ____no
<b>8.</b>	DATE BUSINESS STARTED AT THIS LOCATION MONTH DAY YEAR		REASON FOR APPLYING <input type="checkbox"/> STARTED NEW BUSINESS <input type="checkbox"/> OTHER (specify) _____	
			<input type="checkbox"/> PURCHASED GOING BUSINESS NAME OF PREVIOUS OWNER: _____ NAME OF BUSINESS PURCHASED: _____	
<b>10.</b>	DESCRIBE WHAT IS BEING SOLD OR TYPE OF BUSINESS RENDERED: _____			

I AGREE TO ABIDE BY THE LIMITATIONS OF THE APPROPRIATE DEPARTMENT LISTED BELOW. I UNDERSTAND APPROVAL IS CONTINGENT UPON COMPLYING WITH LIMITATIONS STATED BELOW, AND FAILURE TO COMPLY COULD RESULT IN PENALTIES OR LICENSE BEING REVOKED. I ALSO AGREE TO COMPLY WITH OFF-STREET PARKING ORDINANCES AND CONFORM TO REQUIREMENTS OF THE COMPREHENSIVE ZONING, TECHNICAL AND FIRE CODES ADOPTED BY THE CITY OF NEW IBERIA AND THE STATE OF LOUISIANA. \_\_\_\_\_ (initial)

**IF ALL INFORMATION IS CORRECT, PLEASE SIGN AND RETURN**

**SIGN HERE:** \_\_\_\_\_

DATE \_\_\_\_\_

<b>DEPT. OF ZONING</b> 337-369-2354	APPROVED _____ DENIED _____ DATE _____
RESTRICTIONS/REMARKS _____	
ZONE: _____	NON-CONFORMING USE: _____
RESIDENTIAL BUSINESS _____	CLASS A _____ CLASS B _____
FIRE DEPARTMENT: 337-369-2370	APPROVED _____ DENIED _____ BY _____ DATE _____
RESTRICTIONS/REMARKS _____	
BOARD OF HEALTH: 337-373-0021	APPROVED _____ DENIED _____ BY _____ DATE _____
RESTRICTIONS/REMARKS _____	
PAID: _____ CASH: _____ CHECK#: _____ NOT PAID: _____	
NUMBER ISSUED: _____ BUSINESS CLASSIFICATION: _____ DATE ISSUED: _____	

**LOCATION TYPE(CIRCLE ONE)**  
RESIDENTIAL COMMERCIAL

ANY RESTRICTION - BUSINESS LICENSE MUST BE PICKED UP AT THE CITY TAX OFFICE.

SIGN: \_\_\_\_\_