

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. # _____

Email address: _____

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)

1.	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	
2.	MAILING ADDRESS - CITY - STATE - ZIP CODE			
3.	TYPE OF ORGANIZATION	PLEASE CHECK ONE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOVERNMENTAL		
4.	IF SOLE OWNER (INDIVIDUAL) NAME			
5.	NAME/TITLE OF OFFICERS OR PARTNERS	NAME	TITLE	CELL
		NAME	TITLE	CELL
6.	IF CORPORATION: NAME OF CORPORATION		7.	IS YOUR STORE PART OF A CHAIN? _____ yes _____ no
	STATE & PARISH/COUNTY OF INCORPORATION			IF YES PLEASE REFER FOR THE CHAINSTORE CHART TO DETERMINE FEES
8.	DATE BUSINESS STARTED AT THIS LOCATION MONTH DAY YEAR		9.	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: _____
10.	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 _____

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

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

SIGN: _____

OCCUPATIONAL LICENSE – WASTEWATER QUESTIONNAIRE

Applicant's Name: _____ Phone Number _____

Business Name: _____

Business Address: _____

1. Type of Business (Check) Industrial Commercial Professional Other (Specify):

a. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply to your facility). If you have any questions regarding how to categorize your business activity, contact the City of New Iberia Wastewater Department (369-2367) for technical guidance.

- List of 40 CFR parts from 405 to 471 with checkboxes for selection.

2. Brief Description of Business Operations (include a separate sheet of paper, if needed) : _____

A. Does your business serve food? YES NO If Yes, do you have a grease trap? YES NO

B. Does your business wash vehicles? YES NO If Yes, what parts of the vehicles do you wash: Outside Inside Engine Other (specify): _____

C. Does your business use photo-processing and/or x-ray equipment? YES NO If Yes, what type of process is used? WET (Uses developer & fixer) DRY (Digital)

3. Indicate applicable North American Industry Classification System (NAICS) code(s) and/or Standard Industrial Classification (SIC) code(s) for all business processes: codes may be found at www.census.gov/epcd/www/naics.html _____

4. Drinking water sources: LAWCO Private Well Other, specify provider _____

5. Types & Volume of wastewater produced at the facility (Check all that apply):

- a. Domestic (sanitary sewage) Volume _____
b. Industrial/Process (water used in industrial process, production, manufacturing, etc.) Volume _____
c. Wash Water (Excluding Handwashing) Volume _____
d. Other (Specify): _____ Volume _____

6. Method(s) of wastewater discharge/disposal (Check all that apply):

- a. Domestic: City Sewer System Private Septic Tank & Leaching
 Other (Specify): _____
- b. Industrial/Process: City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____
 Other (Specify): _____
- c. Wash Water Used for Washing Equipment, Vehicles, Floors, etc. (Excluding Handwashing):
 City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____
 Other (Specify): _____
- d. Other: City Sewer System Private Septic Tank & Leaching Ditch Discharge
 Haul off-site (Identify): _____

7. Does facility have any mercury sources? YES NO Is the facility working towards becoming mercury free? YES NO

8. Is there any waste water treatment practices proposed for this facility? YES, (Specify Type: ex. Oil/water separator) NO

9. Other Permits: List all existing or pending Federal (EPA), State (DEQ) or local environmental permits and the permit numbers for the facility. Types of permits include: air, hazardous waste, underground injection, solid waste, NPDES (for surface and storm water discharge), etc. _____

CERTIFICATION

I certify that this document and all attachments were prepared by me and that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Name: _____

(Print)

Signature: _____

Date: _____