



Greg Cromer, Mayor
Sharon Howes, 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) signed by Planning Dept. (250 Bouscaren St., Ste 203/646-4320).

**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 APPLICATION 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 _____

Legal Name of Owner/Corporation: _____

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
250 Bouscaren 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



The City of Slidell

PLANNING DEPARTMENT
250 Bouscaren Street, Suite 203, Slidell, LA 70458
P O Box 828, Slidell, LA 70450
Phone (985) 646-4320 • Fax (985) 646-4356 • www.myslidell.com

HOME OCCUPATION VERIFICATION (For all areas zoned A2, A3, A4, A5, A6, A7, A8, A9)

PERMIT NUMBER _____

DATE: _____

Name: _____

Address: _____

Subdivision: _____ Phone: _____

Zoning: _____ Name of Business: _____

Type of Business (describe in detail): _____

(Check each of the following)

- | | | | |
|----|---|--------------|-------------|
| 1. | As holder of the Home Occupational License, are you a member(s) of the immediate family by blood or marriage residing in the dwelling and is such business activity incidental and secondary to the use of the dwelling for dwelling purposes? | _____
Yes | _____
No |
| 2. | Is the dwelling used for the home occupation your principal residence? Please provide a valid voter registration card or driver's license identifying this as your primary residence. | _____
Yes | _____
No |
| 3. | Will the business be conducted from a detached or attached accessory structure, garage, carport, porch, or utility shed or any addition to the dwelling that is not a part of the principal structure or accessible from within the principal structure?
(Swimming pools may be used to conduct swimming lessons.) | _____
Yes | _____
No |
| 4. | Will the business activity involve or require any alterations to the interior or exterior of the building that would in any way affect the use of the building as a dwelling or make the building appear in any way as anything but a dwelling? | _____
Yes | _____
No |
| 5. | Will more than twenty-five percent (25%) of the floor area of a story of the dwelling where the activity is to be conducted be used for the home occupation? | _____
Yes | _____
No |
| 6. | Will there be any exterior display or activity that will indicate that the dwelling is being used in whole or in part for any other use than a dwelling? Will there be anything done to make the building appear in any way as anything but a dwelling? | _____
Yes | _____
No |

- | | | | |
|-----|---|--------------|-------------|
| 7. | Will there be any mechanical equipment or materials, not normally found in the home, used in the operation of the business or stored on the premises? | _____
Yes | _____
No |
| 8. | Will there be any goods or materials kept on the premises that require receipt or delivery by transportation other than U.S. Postal Service, messenger service, private delivery services in vehicles exceeding one and a half (1 ½) tons rating, or the passenger automobile of the person conducting the home occupation? | _____
Yes | _____
No |
| 9. | Will a shop or store be operated upon the premises, or will there be the sale of goods or products upon the premises? | _____
Yes | _____
No |
| 10. | Will more than two (2) commercial automobiles and one (1) commercial truck, not exceeding one and a half (1 ½) tons associated with the home occupation be parked upon the premises? (Commercial Vehicle: A vehicle registered in the name of a business or used in connection with conducting a business.) | _____
Yes | _____
No |

Professional Persons:

- | | | | |
|-----|---|--------------|-------------|
| 11. | Will the home occupation being conducted within the dwelling be used for consultation or instruction? | _____
Yes | _____
No |
|-----|---|--------------|-------------|

Child Care Services:

- | | | | |
|-----|--|--------------|-------------|
| 12. | Will child care services be provided in the residence for more than seven (7) children at any one time excluding those residing in the dwelling? | _____
Yes | _____
No |
|-----|--|--------------|-------------|

I certify that the above is true to the best of my knowledge and that the business shall be conducted in accordance with Section 2.2214 of the City of Slidell Zoning Ordinance, and other applicable City laws.

_____ Applicant's Signature	_____ Date of Application
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_____ City Official	Approved () Rejected ()
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Comments:

PROCEDURES:

Complete application from City web site and submit to Permits Department (250 Bouscaren Street, Suite 202);
 Provide copy of valid driver's license or voter's registration identifying current home address;
 After approval, see Finance Department (2045 Second Street, Second Floor) for review of application, obtain license and make payment of applicable fees. Minimum fee: \$50/annually.

**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
(CALLING 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 Issuer: _____

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. OF 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: _____