

# City of Harahan

6437 Jefferson Highway  
Harahan, Louisiana 70123  
Phone (504) 737-6383

## APPLICATION FOR OCCUPATIONAL LICENSE

For Calendar Year \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Address)

Trade Name: \_\_\_\_\_ Phone \_\_\_\_\_

Location of Business: \_\_\_\_\_  
(Street and number) (City, State, Zip)

Mailing Address (if different) \_\_\_\_\_

Nature of Business \_\_\_\_\_  
(Description of sales or activity)

Type of Ownership \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Individual, partnership, corporation)

Will the business require an alcoholic beverage license? \_\_\_\_\_

Is it near a school, synagogue or playground? \_\_\_\_\_

## HOW TO APPLY FOR LICENSE

(See reverse for general instructions)

1. OLD BUSINESS — if operated during entire previous calendar year, base license on gross revenue for previous year.  
Gross for previous Calendar Year: \$ \_\_\_\_\_
  2. FOR A BUSINESS OPENED during the previous year: (Date Opened \_\_\_\_\_)  
Gross Revenue for remainder of calendar year \$ \_\_\_\_\_ divided by number of days in operations, \_\_\_\_\_ equals  
\$ \_\_\_\_\_ which multiplied by 365 amount to \$ \_\_\_\_\_  
(Use this amount to compute tax)
  3. NEW BUSINESS — Date started at this location \_\_\_\_\_
    - A. Business opened less than 30 days, tax due will be minimum of applicable rate table. If Business opened after June 30th, remit one-half the minimum fee. (Temporary license shall be issued for 30 days.)
    - B. Business opened more than 30 days, gross revenue for first 30 days \$ \_\_\_\_\_ which multiplied by number of months remaining in year \_\_\_\_\_, amounts to \$ \_\_\_\_\_  
(Use this amount to compute tax)
- (NOTE. See reverse side for instructions for computing tax on business opened after June 30th of current year.)
4. BUSINESS PAYING FEE BASED ON UNITS, i.e., pool tables, bowling alleys, video machines, etc.:  
(List items and locations on reverse and show total amount of tax below)

MINIMUM LICENSE FEE \$50.00

5. LICENSE FEE BASED ON TABLE \_\_\_\_\_

I affirm that the information given on this application  
is true and correct.

AMOUNT OF TAX	\$ _____
INTEREST	_____
PENALTY	_____
TOTAL DUE	\$ _____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Remit total due with application to CITY OF HARAHAH