

# Application for Occupational License

**City of Zachary**  
P.O. Box 310  
Zachary, La 70791  
Phone: (225) 654-1935

**NEW LICENSE FEE: JANUARY 1 – JUNE 30 \$50.00 / JULY 1 – DECEMBER 31 \$25.00**  
*Accept exact cash only or checks made payable to City of Zachary*

Date of Application: \_\_\_\_\_ Date to Open: \_\_\_\_\_

Business Name (include DBA): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Federal Identification Number **OR** Owner Social Security Number: \_\_\_\_\_

Type of Business (Retail, Restaurant, etc): \_\_\_\_\_

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

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Contact Person for business relating to this license: \_\_\_\_\_

Phone number / E-mail of contact person: \_\_\_\_\_

Will you sell Alcoholic Beverages? \_\_\_\_ Yes \_\_\_\_ No

Will Amusement Devices (jukebox, video games, etc.) be used at this location? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what type(s) and how many of each? \_\_\_\_\_

Is this business part of a chain? \_\_\_\_ Yes \_\_\_\_ No

Total number of stores at any location: \_\_\_\_\_ Total number of stores in Zachary: \_\_\_\_\_

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
*Signature of Owner, Agent, Officer*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

## FOR OFFICE USE ONLY

**ISSUED:** \_\_\_\_\_ **LICENSE#** \_\_\_\_\_

\_\_\_\_\_  
Code Compliance \_\_\_\_\_ Date \_\_\_\_\_

Comments: 40 days = \_\_\_\_\_ Chain Store License # \_\_\_\_\_  
\_\_\_\_\_