

The City of Slidell

Ben O. Morris, Mayor

1330 Bayou Lane, Suite 109 * P.O. Box 828 * Slidell, LA 70459

Email Address: occupationallic@cityofslidell.org

Telephone: (985) 646-4310

Fax: (985) 646-4223

Dorothy Lyle
Occupational License

Department of
Finance

OCCUPATIONAL LICENSE APPLICATION

Please complete the attached application.

Before submitting application:

- The Certificate of Occupancy must be approved/signed by the Building Safety Department (Suite 106) for *Commercial* location.
- The Home Occupation Verification form must be signed by the Planning Dept. (Suite 105) for *Residential* business.
- ◆ If you are a Contractor/Sub-Contractor, notify the Building Safety Department (Suite 106).

LIQUOR APPLICATION MUST BE OBTAINED FROM CLERK.

CITY OF SLIDELL, LOUISIANA

New Business Checklist

CORP./PARTNERSHIP NAME _____

D/B/A _____

BUSINESS LOCATION ADDRESS _____

CONTACT PERSON _____ PHONE NUMBER _____

OCCUPATIONAL LICENSE TAX

- _____ 1. Health Certificate. *Contact the Dept. of Environmental Quality at (985) 893-6296.*
- _____ 2. Certificate of Occupancy. *Contact the Building Safety Dept. at (985) 646-4323.*
- _____ 3. Occupational License Tax. *Contact the Finance Department at (985) 646-4310. Minimum License Fee \$50.00 - \$25.00 from July 1 thru Dec. 31.*
- _____ 4. Copy of Articles of Incorporation or LLC, *if applicable*
- _____ 5. Chain Store License Tax. *Contact the Finance Department at (985) 646-4310.*
- _____ 6. Water Account. *Contact the Finance Department at (985) 646-4309. \$60.00 Non-Refundable Service Fee*
- _____ 7. Copy of Driver's License

LIQUOR LICENSE TAX (Call for packet 985-646-4310)

(Packages will not be accepted unless completed in its entirety-Fees are not refundable.) Please submit completed documents in order of checklist.

- _____ 1. Health Certificate. *Contact the Dept. of Environmental Quality. See above.*
- _____ 2. Certificate of Occupancy. *See above*
- _____ 3. Occupational License. *See above.*
- _____ 4. Application completed and notarized.
- _____ 5. Schedule A(s) completed and notarized.
- _____ 6. Copy of Certification of Publication (Sentry News).
- _____ 7. Copy of State Application for Retail Alcoholic Beverage Permit.
- _____ 8. Sales Tax Form (Sheriff's Sales Tax Office), 39395 Pine St., Pearl River -645-2407
- _____ 9. Copy of lease agreement or deed.
- _____ 10. Copy of Articles of Incorporation or LLC, if applicable
- _____ 11. Zoning Review form approved by the Planning Department.

Check license applying for:

- | | |
|--|--------------------------------|
| _____ \$500.00 High Content Liquor License (<i>Consumption</i>) | _____ \$250.00 after June 30th |
| _____ \$500.00 High Content Liquor License (<i>Non-Consumption</i>) | _____ \$250.00 after June 30th |
| _____ \$ 35.00 Low Content Liquor License (<i>Consumption</i>) | _____ \$ 17.50 after June 30th |
| _____ \$ 25.00 Low Content Liquor License (<i>Non-Consumption</i>) | _____ \$ 12.50 after June 30th |
| _____ \$100.00 Light Wine and Beer (<i>Consumption</i>) <i>Restaurant/Cafeteria Only</i> | _____ \$ 50.00 after June 30th |

CITY OF SLIDELL
P.O. BOX 828 / 1330 Bayou Lane, Suite 109
SLIDELL, LA 70459

**Occupational
License
Application**

Business # _____

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 _____ Reason for applying: _____ New Business _____ New Location

BUSINESS: _____ _____ 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 _____

E-Mail Address _____

Business Telephone
Number: _____

Contact Telephone Number,
if different from Business Number: _____

Contact name: _____

Contact name: _____

If Sole Owner:
Name _____ SSN: _____

Home Address _____ Phone: _____

If Corporation or
Partnership, List
Officers. Attach
list for additional
spaces.

Name (Chief Officer): _____ SSN: _____

Address: _____ Phone: _____

Name (Chief Officer): _____ SSN: _____

Address: _____ Phone: _____

Name (Chief Officer): _____ SSN: _____

Address: _____ Phone: _____

Schedule A accompanied this application MUST be returned COMPLETED after 30 days to receive permanent license.
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 each officer and manager each year and must accompany renewal application.

Describe in detail your business: (Type of sales, activity or service you perform) _____

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

Signature of Owner

Date

Signature of Preparer and Title (if other than owner)

Date

**** COPY OF DRIVER'S LICENSE OR PICTURE I.D. REQUIRED ****

To register for sales/use tax, contact:

ST. TAMMANY PARISH SHERIFF'S DEPARTMENT
SALES TAX SECTION
P.O. BOX 1229
SLIDELL, LA 70459-1229
(985) 646-4130 www.laota.com

STATE OF LOUISIANA
DEPARTMENT OF REVENUE AND TAXATION
P.O. BOX 201
BATON ROUGE, LA 70821
(225) 219-7318 www.rev.state.la.us

DATE _____

RECEIPT# _____

C/O# _____

City of Slidell
Building Permit Application
985-646-4324

APPLICATION FOR CERTIFICATE OF OCCUPANCY

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

OWNER OF BUSINESS: _____

TYPE OF BUSINESS: _____ PHONE NO. OF BUSINESS: _____

BUILDING OWNER: _____

ADDRESS OF OWNER: _____

PHONE NO. OF OWNER: _____

NAME OF PREVIOUS BUSINESS AT THIS LOCATION: _____

LENGTH OF VACANCY: _____

I understand that no sign can be constructed, erected, installed, structurally altered, changed or relocated before a sign permit is issued.

_____ SIGNATURE

Do you intend to alter, renovate, repair, or add to the building or unit that you will occupy?

YES _____ NO _____

If "yes", a Building Permit must be obtained prior to construction.

NOTE: There is a \$30.00 fee for inspection and issuance of the Certificate of Occupancy.

NOTE: It is necessary that the applicant contact the Fire Prevention Bureau at 646-4387 for additional information prior to occupancy.

ADMINISTRATION USE ONLY

CERTIFICATE OF OCCUPANCY REQUIRED: YES _____ NO _____

Reviewed by _____

Date _____

CITY OF SLIDELL

HOME OCCUPATION VERIFICATION

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

Name _____

Address _____

Subdivision _____ Phone: _____

Zoning: _____ Name of Business _____

Type of Business (describe in detail) _____

(Check each of the following)

- | | | | |
|----|---|-------|-------|
| 1. | Is the business activity to be conducted upon the premises to be conducted within the dwelling by a member or members 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 the principal residence of the resident conducting the home occupation, evidenced by voter registration or driver's license registration at that location? | _____ | _____ |
| | | 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 effect 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 (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 display or activity that will indicate from the exterior of the dwelling that it 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 not exceeding one and a half (1½) 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? _____ _____
Yes **No**

Commercial Vehicle – A vehicle registered in the name of a business or used in the conduction of a business.

Professional Persons

11. Will the home occupation conducted by the professional person be only for consultation or instruction? _____ _____
Yes **No**

Child Care Services

12. Will child care services be provided in the residence for no 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 Slidell Zoning Ordinance and other applicable City laws.

Applicant's Signature

Date of Application

City Official

Approved ()
Rejected ()

Comments:
