



City of Bastrop

www.cityofbastrop.com

Post Office Box 431
Bastrop, Louisiana 71221-0431
Phone: (318) 283-0250
Fax: (318) 283-3335

OCCUPATIONAL LICENSE APPLICATION INSTRUCTIONS

Please review these instructions carefully. Failure to complete **ALL** applicable requirements may delay processing of return issuance of license.

WHO MUST FILE?

Each person pursuing any trade, profession, vocation, calling or business should complete this form for each municipality or parish in which he maintains a business location. The instructions and subsequent application are created to comply with Chapter 3 of Title 47 of the Louisiana Revised Statutes of 1950 and City of Bastrop/Morehouse Parish licensing procedures. For more information, you may inquire with the City Clerk's office, City Hall Room 115.

APPLICATION INSTRUCTIONS:

1. ***Obtain Zoning Approval** from Bastrop Zoning/Code Enforcement, (318) 283-3308, City Hall, Room 217, signature will be provided
2. **Obtain Fire Approval** from Fire Prevention at 283-3376, City Hall, Room 230, signature and inspection form will be provided.
3. **Obtain Certificate of Occupancy**, Fire Prevention at (318) 283-3353, Room 230, certificate will be provided.
4. **Register with Morehouse Sales and Use Tax**, 123 East Madison Ave at (318) 283-5957, written statement will be provided.
5. For **Liquor License**, See Police Records Office for Application Requirements (318) 283-3365.
6. If preparing food and/or beverages for consumption, Contact Health Inspector, **Morehouse Parish Health Unit**, 650 School Street, 318-283-0806, inspection form will be provided.
7. **Picture ID of the applicant and TWO (2) valid Phone Numbers** must be submitted before a license can be issued.

ADDITIONAL INFORMATION

Most businesses have a start-up fee of \$50.00. Peddlers have a flat rate fee of \$200.00. In addition to the requirements above, Peddlers must obtain a surety bond in the amount of \$1,500.00, a copy of which must be provided to the City Clerk's Office and to the Morehouse Sales and Use Tax Office.

Per new state requirements, all contractors, plumbers and electricians must obtain a state license before a local occupational license can be given.

*If your business is located within "the eight-block area containing the Morehouse Parish Courthouse (East Madison Avenue, Washington, Jefferson and South Franklin) and the one-block areas immediately adjacent to the northwest north, northeast, west, east, southwest and south of said courthouse square (Pine, North Vine and West Hickory), also known as the Bastrop Historic District", your business will be required to adhere to the laws governing that district (Historic District Ordinance will be provided).

PLEASE NOTE: WHEN CLOSING YOUR BUSINESS, YOU MUST REPORT, IN WRITING, TO THE CITY CLERK'S OFFICE, THE TAX ASSESSOR'S OFFICE AND THE SALES TAX OFFICE TO AVOID FUTURE REQUESTS FOR PAYMENT.

REV 04/22/2016

"This institution is an equal opportunity employer and provider"



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WHEELCHAIR ACCESSIBLE

OCCUPATIONAL LICENSE TAX APPLICATION

(The tax is due January 1 for existing businesses, and is delinquent after the last day of February)

- 1. Date of Return (MONTH, DAY, YEAR)
2. New Business or Renewal - PROVIDE PRIOR YEAR'S LICENSE NUMBER:
3. FEDERAL EMPLOYER ID NUMER NONE 4.LA SALES TAX NUMBER NONE 5. LOCAL SALES TAX NUMBER NONE
6A. TAX PAYER NAME B. TELEPHONE NUMBER

C. TRADE NAME EMAIL ADDRESS/URL

D. MAILING ADDRESS, CITY, STATE, ZIP CODE

*E. PHYSICAL LOCATION, STREET ADDRESS, CITY, STATE, ZIP CODE
*If located in the Historic District, must receive a copy of the Historic District Ordinance

- 7. LOCATION OF ACCOUNTING RECORDS: D E
8. TYPE OF BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION GOVERNMENTAL NON-PROFIT OTHER (SPECIFY)
9. CHAIN STORE? (MORE THAN ONE LOCATION UNDER SAME OWNERSHIP/MANAGEMENT) YES NO
10. PROVIDE INFORMATION ON OWNER(S) BELOW. IF CORPORATION OR PARTNERSHIP PROVIDE INFORMATION OF OFFICERS OR PARTNERS FOR CORPORATION, PROVIDE STATE OF INCORPORATION

Table with 3 columns: NAME, TITLE/EMAIL/URL, SOCIAL SECURITY NUMBER and 3 rows for RESIDENT ADDRESS, TELEPHONE NUMBER.

11. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS

12. NATURE OF BUSINESS—DESCRIPTION OF SALES ACTIVITY

13. SIGNATURE OF APPLICANT TITLE

SIGNATURE OF PREPARER IF DIFFERENT FROM ABOVE

TO BE SIGNED BY CITY OF BASTROP ZONING AND FIRE PERSONNEL
ZONING/BUILDING REQUIREMENTS MET

Signature Date

FIRE CODES MET: If an assembly (group of individuals in building) MUST PROVIDE A LETTER FROM STATE FIRE MARSHAL FOR APPROVAL AND OCCUPANCY LIMIT.

Signature Date

*My business is located within the Bastrop Historic District and I have received a copy of the Historic District Ordinance.

Signature Date