

FOR OCCUPATIONAL LICENSE

Please Circle

Do You Sell Food? Yes No

If Yes, please attach a copy of your Board of Health Permit to Operate.

Do You Sell Gasoline or Motor Fuels? Yes No

Will Your Business have Video Poker/Amusement Devices? Yes No

If Yes, Who own machines? _____

Date Business Opened: _____

Please Check Only One (1) of the Boxes Below:

Started New Business-Less Than 30 Days-This Calendar Year
Business opened on or prior to June 30 of current year....\$50.00
Business opened on or after July 1 of current year.....\$25.00

Business Opened More Than 30 Days
(A)Gross Receipts for First 30 Days _____
(B)Number of Months to Operate this Year _____
(C)(A) Times (B) Equal Estimated Taxable Gross _____

Business Opened During the Previous Calendar Year
(A)Gross Receipts _____
(B)Number of Days in Operate _____
(C)(A) Divided by (B) Equal Average Daily Receipts _____
(D)365 Times (C) Equals Estimated Taxable Gross _____

Business Opened Entire Previous Year
Enter Gross Income _____

For Office Use Only	
Type: _____	Notes: _____
Indicate municipality/area of business location. Please check one.	
___ 01 Unincorporated	___ 04 Berwick
___ 02 Franklin	___ 05 Patterson
___ 03 Morgan City	___ 06 Baldwin

MAKE CHECKS PAYABLE TO: ST. MARY PARISH OLT FUND

**MAILING ADDRESS: ST. MARY PARISH SALES AND USE TAX DEPT
P.O. BOX 1279
MORGAN CITY, LA 70381**