



CITY OF JENNINGS
154 North Main St PO Box 1249
Jennings, LA 70546
(337) 821-5500 Fax (337) 821-5527

OCCUPATIONAL LICENSE APPLICATION PROCEDURES

Please review these instructions carefully. Failure to complete **ALL** applicable lines will delay the processing of this return and the issuance of the applicable receipts and licenses.

An annual occupational license tax is required for persons conducting or pursuing a trade, profession, occupation or vocation within the City of Jennings, Louisiana per LA RS 47:341. All businesses are required to acquire an annual business license. "Business" includes all businesses, trades, professions, occupations, vocations or callings unless specifically excluded by law.

The license tax must be paid prior to the commencement of business.

The following MUST be completed in order to receive an occupational license:

1. To apply for a Federal EIN number or inquire whether you need one, go to: www.irs.gov then click on – Apply for Employer ID Number (EIN)
2. All businesses must register with the State of Louisiana Department of Revenue. Go to: www.revenue.louisiana.gov then click middle section for businesses – then click on Business Registration
3. All businesses, if applicable, must register with the Jefferson Davis Parish Sales Tax Office located at 203 E Plaquemine St., Jennings, (337) 824-2744. An account will be created and the business will be provided with a sales tax account number and certificate.
4. Businesses involving food must obtain a Health Certificate from the Office of Public Health/Environmental Health Office located at 403 Baker St., Jennings (337) 824-2193
5. Complete an occupational license tax application – see next page.
After completion bring the application to the City Inspector's office at the Fire Department located at 110 N. Broadway, Jennings in order to see if the location is zoned correctly for your type of business. After approval, bring application to Jennings City Hall Occupational License office along with check or money order of \$50.00 to open your business.

Should you have any questions concerning the above please call 337-821-5500.



Occupational License Tax Application

City of Jennings
154 North Main St., Jennings, LA 70546
(337) 821-5500

No. Issued _____

Date Issued _____

FOR OFFICE USE ONLY

<input type="checkbox"/> New Business				<input type="checkbox"/> Purchase of Existing Business				<input type="checkbox"/> Location Change of Existing Business			
Legal name(s): Individual, partners, or corporation:											
Trade Name of Business:											
Federal Employee ID Number <input type="checkbox"/> NONE				Louisiana Sales Tax Number <input type="checkbox"/> NONE				Jefferson Davis Parish Sales Tax Number <input type="checkbox"/> NONE			
Mailing Address: _____ Street City State ZIP								Phone Number: _____ Fax Number: _____			
Physical Location: _____ Street City State ZIP								Email: _____ Website: _____			
Location of Accounting Records _____ Street City State ZIP								Is the business located within the city corporate limits? () YES () NO			
Agent for Service of Process _____								End Month of Fiscal Year: _____			
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Governmental <input type="checkbox"/> Non-profit <input type="checkbox"/> Other: _____											
If Corporation or Partnership - Name, Title, SSN & DOB of Officers or Partners		Name		Title		SSN#		DOB			
1.		_____		_____		_____		_____		_____	
2.		_____		_____		_____		_____		_____	
3.		_____		_____		_____		_____		_____	
4.		_____		_____		_____		_____		_____	
If Corporation, State of Incorporation:				Reason for applying: <input type="checkbox"/> Started New Business <input type="checkbox"/> Purchased Ongoing Business (Name) _____ <input type="checkbox"/> Other _____							
Date started/acquired business: (MMDDYY)				Excluding this one, how many other business locations do you have in Jennings?							
Nature of Business (include description of sales or activity): See next page											
Primary Contact Name: _____						Primary Contact Number: _____					
Primary Contact Driver's License Number: _____						Primary Contact Email: _____					
I affirm that the information on this application and attached schedules is true and correct.											
Signature _____				Title _____				Date _____			
Signature of Preparer if different _____											
INSPECTOR USE ONLY: APPROVED NOT APPROVED											
COMMENTS: _____ _____ _____											
City Inspector Signature						Date					



Nature of Business

Check all that apply

1. Retail or Service _____
2. Retail Gasoline _____
3. Wholesale _____
4. Lending _____
5. Commission _____
6. Public Utilities _____
7. Amusement Machines _____
8. Mechanical machines (Poker) _____
9. Trailer Park _____
10. Hotel/Motel, Bed/Breakfast, Boarding _____
11. Professionals (Lawyers, Doctors, CPA's) _____
12. Nursing Home _____
13. Electrician _____
14. Peddler/Itinerant Vendor _____
15. Special Event _____