



ST. JOHN

THE BAPTIST PARISH

PLANNING AND ZONING
102 E. Airline Highway, LaPlace, Louisiana, 70068
(985) 651-5565 Fax (985) 653-9808

OCCUPATIONAL LICENSE APPLICATION CHECKLIST (CREOLE FARMERS MARKET)

The following items must be submitted to the Department of Planning and Zoning in order to process your application for an occupational license:

Sales and Use Tax Certificate (985) 359-6600

Completed and notarized Occupational License application

Proof of ownership of property/Lease and/or Notarized letter from property owner granting permission to applicant for a home occupation or home office

Copy of driver's license

\$10.00 application fee (Check or money order)

Other _____

All applicants must first register with the Sales and Use Tax Office located at 1704 Chantilly Drive, Suite 101 in LaPlace, LA.

Applicants must submit the Sales and Use Tax Certificate, all other documents listed above and the \$10.00 application fee to the Planning and Zoning Office located at 102 East Airline Highway in LaPlace, LA. The Planning and Zoning Department will verify that all zoning requirements are met and forward to the Sheriff's Office for approval and issuance of the actual occupational license.

The Sheriff's Office will contact applicant when the occupational license is ready to pick up. Occupational licenses are not mailed.

**ST. JOHN THE BAPTIST PARISH
CREOLE FARMERS MARKET OCCUPATIONAL LICENSE APPLICATION**

SALES TAX I.D. # _____

OWNER'S FULL NAME _____
Last First Middle Initial

_____ Date of Birth Driver's License No. State Social Security No.

ADDRESS _____
Street Name
_____ City State Zip Code

NAME OF BUSINESS _____

BUSINESS LOCATION _____
Street Name (USE HOME OR BUSINESS ADDRESS, NOT FARMERS MARKET ADDRESS)
_____ City State Zip Code

MAILING ADDRESS _____
(If different from location) P. O. Box # or Street Name
_____ City State Zip Code

TELEPHONE # (_____) _____ FAX # (_____) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ TELEPHONE # (_____) _____

TYPE OF OWNERSHIP: ___ Partnership ___ Sole Proprietor ___ Corporation

NAME OF MANAGER / OPERATOR: _____

Business Classification: Farmer
 Restaurant
 Other: _____

This Section to be Completed and Approved by Parish Administration

Date Application Submitted _____ / _____ / _____
Month Day Year

Application Process Fee - \$10.00 Paid by: Money Order _____ Check # _____

Zoning Classification _____ Council District # _____ Council-At-Large Div. _____

_____ Planning & Zoning Date

_____ Parish President Date

This Section to be Completed and Approved by Parish Sheriff's Office

___ APPROVED ___ DENIED

_____ Sheriff Date

Processed by Sheriff's Office _____ / _____ / _____
Month Day Year By: _____

AFFIDAVIT

I, _____, have applied for an occupational license to the Office of the Parish President of St. John the Baptist Parish for a business which will bear the name of:

_____ and will be located at _____

Street Name

_____ City

_____ State

_____ Zip Code

Business activities which will be conducted at the above address, in the name of said business, will be as follows:

I, hereby acknowledge under oath that the above information given is true to the best of my knowledge, and that this will be the only business activity at the above location. I also hereby acknowledge under oath that the business activity which will be conducted at the above location is in full compliance with all Ordinances of St. John the Baptist Parish, and both State and Federal laws.

Signature of Applicant

Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____.

Notary Public

NOTICE TO APPLICANT

This application will be processed for a fee of \$10.00, which will be submitted with this application to St. John the Baptist Parish Planning & Zoning Department. The \$10.00 fee is non-refundable regardless of the approval or denial of this application. **The actual occupational license must be picked up from the St. John Sheriff's Office prior to commencing your business activity.**