



OCCUPATIONAL LICENSE APPLICATION

[RESET FORM](#)

Parish Of Caddo

505 Travis Street Suite 850, Shreveport, LA 71101

Phone (318)-677-5372 • Fax (318)-226-6909 • Website www.caddo.gov

Occupational licenses expire on December 31st of each year and must be renewed by March 1st of the following year to avoid penalty.
Please Provide one application for each business location or entity.

BUSINESS INFORMATION: (select one) LLC ☐ Corporation ☐ Partnership ☐
Sole Proprietorship ☐ Other ☐

Application Date _____ Year Applying For: _____ Full ☐ Half ☐

Name of Business _____

(Please print business name as you would like it to appear in the occupational license certificate)

Business Street Address _____

City/State/Zip _____

Business Phone _____

Tax Identification / EIN Number: _____

Describe the Nature of the Business: _____

Email Address: _____

New Business ☐ Purchase of Existing Business ☐ Existing Business (No Prior License) ☐

Business Classification (Please check all that apply)

Retail ☐ Service ☐ Wholesale ☐ Contractor ☐ Commission/ Brokerage ☐ Public Utilities ☐

Lending Businesses ☐ Insurance Company ☐ Gasoline Sales ☐ Alcohol Sales ☐

OWNER and MANAGER INFORMATION

Owner Name _____

Mailing Address (if different than above) _____

Owner Contact Phone # _____

Owner Driver's License # _____

Owner Email Address _____

Manager Name _____

Manager Phone # _____

By obtaining an Occupational License, I agree to abide by the ordinances contained in the Parish of Caddo Code of Ordinances, and any conditions placed upon the issuance of said license.

Name _____

Signature _____

Title _____

PAYMENT METHOD: Cash, Check or Credit Card

Check #: _____ Cash: _____ Credit/ Debit Card: _____

Money Order: _____ \$2.00 Processing Fee added for Credit/Debit Transactions

Business Licenses are \$50 for a full year, after June 30th the Fee will be prorated to \$25. It is the responsibility of the business to renew each year.

****Please attach a copy of the Business Owner's Drivers License and Certificate of Occupancy or Certificate Application****

FOR PARISH STAFF ONLY

Received By: _____

Date: _____

Approved By: _____

License Number and Additional Notes: _____

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