

# Occupational License Affidavit Submitted to City of Monroe, State of Louisiana

If two or more kinds of businesses are operated, a separate affidavit must be made for each business.

STATE OF LOUISIANA • PARISH OF OUACHITA • CITY OF MONROE

★ MAKE CORRECTIONS AS NEEDED

NAME OF PERSON \_\_\_\_\_  
MAKING APPLICATION \_\_\_\_\_ SECTION # \_\_\_\_\_  
NAME OF BUSINESS \_\_\_\_\_ OWNER \_\_\_\_\_  
STREET OR \_\_\_\_\_ BUS. LOCATION \_\_\_\_\_  
P.O. BOX NO. \_\_\_\_\_ TYPE OF BUS. \_\_\_\_\_  
CITY AND \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

IF NEW BUSINESS, DATE WILL START OPERATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ RESIDENCE PHONE \_\_\_\_\_

IF NEW BUSINESS, ESTIMATE SALES FOR BALANCE OF THE YEAR \_\_\_\_\_

IF RENEWAL OF EXISTING BUSINESS, GROSS SALES FOR PREVIOUS YEAR \_\_\_\_\_

IF OPERATED AMUSEMENT MACHINES, GAMES OR TABLES, USE BACK OF FORM TO LIST NUMBER, MAKE AND SERIAL NUMBER

SIGNATURE OF APPLICANT OR REPRESENTATIVE OF APPLICANT \_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

DATE OF APPLICANT SIGNATURE \_\_\_\_\_

DIRECTOR OF ADMINISTRATIONS OFFICE OF NOTARY PUBLIC

SEE REVERSE SIDE FOR INSTRUCTIONS

