



CITY OF WESTLAKE

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"VISION WITH ACTION EQUALS CHANGE"

OCCUPATIONAL LICENSE APPLICATION

1. Name under which business is to be conducted:

2. Owner:

3. Business Address:

4. Mailing Address:

5. Telephone Numbers (Business)

_____ (Home/Cell)

6. Nature of Business:

7. Type of Ownership: (check one)

_____ Sole Proprietor

_____ Partnership

_____ Corporation

If Partnership or Corporation, give names of partners or principal officers:

8. Date to start at this location:

9. If business was purchases, give name of former owner and business:

Signature of Owner of Agent

Title

Social Security Number:

Driver's License Number:

Email Address:

(Office Use Only)

Date Received

License Number

Received by

Paid \$
