

City of New Orleans
Department of Finance
Bureau of Revenue

REVENUE FORM
(See Instructions)
(On Other Side)

DATE: _____
CASE #: _____
ACCOUNT #: _____

TO: Dept. of Safety & Permits
Building Inspection Section
7E04 City Hall, Civic Center

The undersigned has made application to the Bureau for an Occupational License as follows:

Trade Name _____ Business Phone No. _____

Business Address _____

Street City State Zip Code

Mailing Address _____

Street City State Zip Code

Owner of Business _____

Applicant's Name _____ Title _____

Home Address _____ Phone No. _____

Type of Business Currently Being Operated _____

If No Business Currently Operating,

Type of Previous Business _____ Date Closed: _____

Type of Business Requested: _____

Wholesale Retail Other (Specify) _____

Is this a Change of Owners or Operator only? _____

COUNTER USE ONLY - REMARKS:

Operating Yes No

Business Opening Date:

Relocation Yes No

Previous Location:

VCC Processing Fee Yes No

Above information is certified as correct:

Applicant

BUREAU OF REVENUE

By _____

Signature of Counter Clerk

TO: Bureau of Revenue

The results of inspection in the field and research of office records by the Building Inspection Section of the Dept. of Safety and Permits pertaining to the above Occupational License Applicant are noted as follows:

Zoning Classification _____ Specific Use and _____: Approved
Occupancy Disapproved

Building Code Classification _____:
Occupancy Group Construction Type

As no variance with the Building Code was noted, application is presumed to meet its requirements.

Application is disapproved for the following noted variances.

Use Occupancy & Required

Compliance Certificate: Not Required

Building Inspector

By _____

Chief Building Inspector