

CITY OF HAMMOND
 310 E CHARLES STREET
 PO BOX 2788
 HAMMOND, LA 70404 -

REQUIREMENTS FOR AN OCCUPATIONAL LICENSE

ALL APPLICATIONS MUST BE SUBMITTED TO THE CITY OF HAMMOND TAX OFFICE FOR APPROVAL. LICENSE APPLICATIONS SHOULD BE SUBMITTED AT **LEAST THREE WEEKS BEFORE PLANNED OPENING DATE.**

SALES TAX	TANGIPAHOA SCHOOL BOARD	985-748-5229
CONTACT SCHOOL BOARD OFFICE FOR SALES TAX CLEARANCE AND OR PARISH ID NUMBER		
ZONING DEPT	219 E ROBERT ST	985-277-5649
ARE YOU ZONED FOR THE BUSINESS YOU WANT TO START?		
BUILDING DEPT	219 E ROBERT ST	985-277-5655
CONTACT BUILDING DEPT TO GET ELECTRICITY TURNED ON BY ENTERGY		
GJS DEPARTMENT	LOCATION ADDRESS	985-277-5651 OR 5652
ENTERGY		1-800-368-3749
TAX & LICENSE	310 E CHARLES ST	985-277-5616
UTILITY/WATER/GARBAG;E	BILLING DEPT	985-277-5615
WATER & SEWER	HWY 190 EAST	985-277-5961
FIRE PREVENTION	KACE NIELSEN	985-277-5858
TANGIPAHOA HEALTH UNIT	TOM FAGAN	985-543-4 I75
DUMPSTER PERMIT APPLICATION		985-277-5644
TRASH PICKUP		985-277-5655
SIGN PERMIT	BOBBY MITCHELL	985-277-5644
H.ISTORIC DISTRICT	219 E ROBERT ST	985-277-5684
IF YOUR BUSINESS IS LOCATED IN THE HISTORIC DISTRICT THIS OFFICE MUST BE CONTACTED BEFORE ANY EXTERIOR CHANGES ARE DONE.		

ALL INSPECTIONS **MUST BE APPROVED AND SIGNEDBEFORE IT WILL BE ACCEPTED BY THE LICENSE DEPARTMENT**

ALL PERSONS WHO SHALL BE ENGAGED IN MANUFACTURING, PROCESSING, DISTRIBUTING, SERVING OR OFFERING FOR SALE, PREPARED FOOD, BEVERAGES, LIQUORS, MILK OR MILK PRODUCTS FOR HUMAN CONSUMPTION, MUST OBTAIN A WRITTEN PERMIT ISSUED BY THE TANGIPAHOA HEALTH DEPT. AS PER SECTION 15-1, CODE OF ORDINANCE, CITY OF HAMMOND.

IF YOU PLAN TO SELL ALCOHOLIC BEVERAGES, PLEASE SPECIFY AS ADDITIONAL APPLICATIONS ARE INVOLVED. ALCOHOL APPLICATIONS MUST GO BEFORE THE COUNCIL FOR APPROVAL. CHECK FOR MEETING DATES AND TIMES. IF ADULT MATERIAL OR USES ARE CHECKED ON THE APPLICATION YOU MUST GO BEFORE THE ZONING BOARD FOR APPROVAL. CONTACT (985) 277-5649 FOR INFORMATION.

IF YOU ARE A MEMBER OF A CHAIN, PLEASE SPECIFY AS AN ADDITIONAL APPLICATION IS INVOLVED.

AFTER ALL APPLICATIONS ARE FILLED OUT AND SIGNED, PLEASE DELIVER THIS ENTIRE PACKET TO THE LICENSE DEPARTMENT FOR FINAL APPROVAL.

OCCUPATIONAL LICENSE TAX APPLICATION

TRADE NAME _____ PHONE# _____

LOCATION _____ CITY _____ ST _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

DATE BUSINESS WILL START _____ LOCATED WITHIN THE CITY OF HAMMOND? YES () NO ()

OWNER _____ DOB _____ SS# _____

DRIVERS LICENSE # _____ HOME PHONE _____ WORK PHONE _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

MANAGER _____ DOB _____ SS# _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

IF MEMBER OF CHAIN, LIST NUMBER OF STORES INCHAIN _____

TYPE OF BUSINESS (SERVICE, RETAIL, WHOLESALE, OTHER) _____

KIND OF MERCHANDISE _____ FEDERAL ID# _____

WILL THIS BUSINESS BE A SECONDHAND DEALER? () YES () NO STATE ID # _____

IF ANSWERED YES TO SECONDHAND DEALER, HAVE YOU EVER BEEN CONVICTED OF A FELLONY? () YES () NO

TYPE OF ORGANIZATION: Individual () Corporation () Partnership () Non-profit () Other ()

CORPORATION NAME _____

ATTACH A COPY OF THE ARTICLES AND BILAWS

AGENT /ADDRESS FOR SERVICE OF PROCESS _____

DO YOU PLAN TO SELL: BEER () LIQUOR ()

Will you have Adult material or Adult uses as defined by the Hammond Zoning Code () Yes () No

If answered yes to above see Zoning Department for instructions. You must meet certain conditions.

WILL YOU HAVE AMUSEMENT MACHINES? (Pool table, Jukebox Video Poker, Etc.) _____ IF SO, PLEASE LIST NAME AND ADDRESS OF OWNER AND TYPE OF MACHINES ON BACK OF APPLICATION.

THE APPLICANT IS OF GOOD MORAL CHARACTER:

REFERENCES 1. _____ PHONE # _____

2. _____ PHONE # _____

3. _____ PHONE # _____

I SWEAR OR AFFIRM THAT I HAVE READ EACH OF THE QUESTIONS IN THIS APPLICATION AND THE ANSWERS WHICH I HAVE GIVEN ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT _____

ANY MIS-STATEMENT OR SUPPRESSION OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF LICENSE. LICENSE AMOUNT \$ _____



ZONING CLASSIFICATION

1ST ORDER OF BUSINESS – ARE YOU ZONED PROPERLY?

PLANNING DEPARTMENT
219 E. ROBERT ST.
HAMMOND, LA 70401
(985)277-5649
(985)277-5638 FAX
planning@hammond.org

***You can fax, email, or visit the office
to get your form filled out. Please include
return fax or email.

OWNER OF BUSINESS: _____

OWNER PHONE # & EMAIL _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

KIND OF MERCHANDISE: _____

ADDRESS OF BUSINESS: _____

OWNER OF BUILDING: _____ PHONE/EMAIL: _____

OFFICE USE ONLY

ZONING CODE: _____

Is this property zoned for this use? YES _____ NO _____

Would this use be allowed at this specific address? YES _____ NO _____

Comments:

This establishment is zoned for alcohol. YES _____ NO _____

Is this premises situated within 300 ft. or less distance of a building exclusively as a church,
synagogue, public library, public playground, or school except a school for business education
conducted as a business college or school.

This establishment is zoned for Restaurant. Food 60% Alcohol 40%

YES _____ NO _____

Date _____

Building Director/City Planner

INSPECTION SHEET

8 – 9 AM or 3 – 4 PM

- 1. WATER & SEWER (985) 277-5951 Fax (985) 277-5959 18104 HWY 190 EAST
- 2. HEALTH UNIT (985)543-4175 Fax (985) 543-4179 15475 CLUB DELUXE ROAD
- 3. FIRE PREVENTION (985) 277-5858 Fax (985) 277-5859 1290 SW RAILROAD AVENUE
- 4. BUILDING & ZONING (LAST INSPECT) (985) 277-5655 Fax (985) 277-5637 219 E ROBERT ST.

PLEASE CONTACT THE ABOVE OFFICES TO SET UP AN APPOINTMENT FOR YOUR BUILDING TO BE INSPECTED. BUILDING & ZONING MUST INSPECT LAST

BUSINESS NAME _____ PHONE # _____

BUSINESS OWNER _____

LOCATION OF BUILDING _____

BUILDING OWNER _____ PHONE # _____

PREVIOUS BUSINESS LOCATED HERE _____

DO YOU PLAN TO SELL ALCOHOL NOW OR IN THE FUTURE?

() YES () NO

No alcohol permit shall be granted to any premises situated within 300 feet or less distance of a building occupied exclusively as a church or synagogue, public library, public playground, or school except a school for business education conducted as a business college or school.

OFFICIAL USE ONLY

THIS BUILDING IS APPROVED FOR ITS INTENDED USE AND MEETS ALL APPLICABLE BUILDING AND ZONING CODES

EXCEPTIONS: _____

USE CLASSIFICATION _____

_____ ZONING

_____ CERTIFICATE OF OCCUPANCY \$100.00

_____ CERTIFICATE OF OCCUPANCY \$ 20.00

_____ BUILDING PERMIT # _____

FT. DISTANCE FROM SCHOOL, RESIDENCE, CHURCH, OR PUBLIC AREA (IF ANSWERED "YES" TO ALCOHOL SALES.)

COMMENTS: _____

1. _____ / _____ DATE ____ / ____ / ____
WATER & SEWER HWY 190 EAST/ UTILITY BILLING

2. _____ INSPECTION NOT
HEALTH UNIT, SANITARIAN NEEDED _____ NEEDED _____ DATE ____ / ____ / ____

3. _____ DATE: ____ / ____ / ____
FIRE PREVENTION

4. _____ DATE ____ / ____ / ____
BUILDING INSPECTOR



LAUREN KING
Chief of Fire Prevention

City of Hammond
Fire Department
Fire Prevention Bureau

P.O. Box 2788
Hammond, Louisiana 70404

Office
PH: (985) 277-5858
Fax: (985) 277-5859
E-mail: fpb@hammond.org

AUSTIN THOMAS
Assistant Chief of Fire Prevention

TOMMIE SPENCER
Inspector

FIRE INSPECTION INFORMATION REPORT

****PLEASE SUBMIT A COPY OF YOUR FLOOR PLAN WITH THIS REQUEST****

The information below is needed before an inspection can be made for your occupational license.
Please fill out all information. (PLEASE PRINT)

Address of business: _____

Name of business: _____

Description of business: _____

Have you made any changes to the existing structure or layout? If so, please describe the changes:

Is your business a licensed facility (i.e- DHH) _____

Building Owner: _____ Phone: _____

Home Address: _____ City/State: _____

Email address: _____

Business Owner: _____ Phone: _____

Home Address: _____ City/State: _____

Email address: _____

Manager: _____ Phone: _____

Home Address: _____ City/State: _____

Email address: _____

Date: _____ Signature: _____

Name of business that was previously located in this building:

NOTE: Your landlord may advise you of the name.

"Do You Have working Smoke Detectors In Your Home? Don't Sleep without one!"

REGISTER ON LINE WITH TANGIPAHOA SALES TAX

www.salestaxonline.com

TANGIPAHOA PARISH SALES TAX OFFICE:

106 N. MYRTLE STREET
AMITE LA 70422
PHONE #985-748-5229
FAX #985-748-2489

ATTACH COPY OF CONFIRMATION OF ON-LINE REGISTRATION TO YOUR PACKET
OR HAVE SALES TAX AFFIRM BY SIGNING THIS SHEET THAT YOU HAVE
CONTACTED THEIR OFFICE.

BUSINESS NAME

ADDRESS

TANGIPAHOA PARISH SALES TAX CLERK SIGNATURE _____

PRINT NAME _____

DATE _____

APPLICATION FOR BUSINESS SALES TAX ACCOUNT

TANGIPAHOA PARISH SCHOOL SYSTEM

SALES AND USE TAX DIVISION
P.O. BOX 159
AMITE, LA. 70422-0159
(985) 748-5229 • FAX (985) 748-2489

*** PLEASE PRINT LEGIBLY**

			FOR OFFICE USE ONLY
IS THIS A TRANSFER	1	FROM WHOM	VENDOR NUMBER
BUSINESS NAMES	2		
MAILING ADDRESS	3		
	4		STATUS
CITY	5	STATE	ZIP
HOME PHONE NUMBER	6		
DESCRIPTION OF SALES OR BUSINESS ACTIVITIES	7		BUSINESS LOCATION
OWNER'S NAME	8		WARD
DATE OF BIRTH	9	DRIVERS LICENSE NO.	SOCIAL SECURITY NO.
MANAGER	10		
DATE OF BIRTH	11	DRIVERS LICENSE NO.	SOCIAL SECURITY NO.
BUSINESS LOCATION STREET OR ROAD	12	IS BUSINESS LOCATED INSIDE CITY LIMITS?	YES OR NO
CITY	13		
BUSINESS PHONE NO.	14	STATE	ZIP
	15		
	16	DATE BUSINESS STARTED OR WILL START AT THIS LOCATION.	MO. DAY YR.
ORGANIZATION	17	(CIRCLE ONE) INDIVIDUAL CORPORATION PARTNERSHIP	
		NON-PROFIT GOVERNMENT OTHER	
		(OTHER)	
REFERENCE	18	NAME	ADDRESS
	A		PHONE
	B		
	C		
	D		

SIGNATURE

DATE

LICENSE TAX SCHEDULE

Belonging to a chain or group having

(1) Not more than 10 stores	\$ 10.00 per store in Hammond
(2) More than 10, but not more than 35 stores	15.00 per store in Hammond
(3) More than 35, but not more than 50 stores	20.00 per store in Hammond
(4) More than 50, but not more than 75	25.00 per store in Hammond
(5) More than 75, but not more than 100 stores	30.00 per store in Hammond
(6) More than 100, but not more than 125 stores	50.00 per store in Hammond
(7) More than 125, but not more than 150 stores	100.00 per store in Hammond
(8) More than 150, but not more than 175 stores	150.00 per store in Hammond
(9) More than 175, but not more than 200 stores	200.00 per store in Hammond
(10) More than 200, but not more than 225 stores	250.00 per store in Hammond
(11) More than 225, but not more than 250 stores	300.00 per store in Hammond
(12) More than 250, but not more than 275 stores	350.00 per store in Hammond
(13) More than 275, but not more than 300 stores	400.00 per store in Hammond
(14) More than 300, but not more than 400 stores	450.00 per store in Hammond
(15) More than 400, but not more than 500 stores	500.00 per store in Hammond
(16) More than 500 stores	550.00 per store in Hammond

1. RATE OF TAX

The rate of tax is determined from the total retail stores operated under the same general management, supervision, ownership or control, and all stores enjoying the benefit of centralized purchasing, advertising or warehousing, wherever located, including the stores covered by this report. Refer to License Tax Schedule above.

2. MEASURE OF TAX

The measure, or the amount of tax due the City of Hammond is determined by applying the rate of tax to the total retail stores in Hammond.

3. EXAMPLE

If an operator of a total of 36 retail stores located in Texas, New York, Alabama and Louisiana, operates 5 stores in Hammond the amount of chain store tax would be computed as follows: The license tax schedule above shows that the rate of tax on a chain of between 35 and 50 stores is \$20.00 per Hammond store. Therefore, the amount of tax due would be 5 Hammond stores at \$20.00 each or a total of \$100.00.

4. INTEREST AND PENALTY

If return is not filed and the tax paid before March First each year, there will be added to the tax interest at the rate of 12% per annum until paid and penalty at the rate of 5% for each thirty days or fraction thereof of delinquency not to exceed 25% in the aggregate.

5. NEW STORES OPENED DURING TAXABLE YEAR

The rate of tax for stores opened in Hammond after January 1st shall be the same as though the new stores were added to the number in operation on January 1st.

If a store is opened in Hammond after June 30th of any year, the rate applicable to such store for the first year shall be one-half of the rate determined as hereinabove provided.

This report must be made to the City Tax Collector, Hammond, Louisiana. The remittance to cover the tax evidenced by this report must be mailed to the City Tax Collector, P.O. Box 2788, Hammond, LA 70404-2788 before March 1st



City of Hammond
 Utility Department
 P O Box 2788
 Hammond, LA 70404-2788
 (985) 277-5615
www.hammond.org

Office Use Only	
Date	_____
Customer	_____
Account	_____
Clerk	_____

Commercial Application Form

General Information

Account Name: _____

Service Address: _____

Start Date: ____ - ____ - ____ Property Ph : (____) ____ - ____ Fax (____) ____ - ____

State Tax ID# _____

Billing Information: Send bill to service address? (Y/N): _____

If NO, send bill to

Management or Attention: _____

Street or P.O. Box#: _____

City, State, Zip: _____

Responsible Party (Please do not repeat DBA name.)

Name: _____

Address: _____

Phone: _____ Fax: _____

TERMS OF SERVICE

1. Payment is due upon receipt, but no later than 10th of each month.
2. All unpaid balances will receive penalty charges after the 11th of each month and are subject to disconnection of service.
3. If service has been disconnected for non-payment a \$25.00 reconnect fee will be assessed prior to reconnection.
4. **In order for water service to be turned on, you or your representative must be on premises. NO EXCEPTIONS!**
5. A \$25.00 Fee will be added for all returned checks, if service has been disconnected a reconnection fee will also apply.
6. By signing below you will have full responsibility for all damage/tampering of the meter that services this address.

I understand that any information provided that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause for denial, suspension, or revocation of service.

*****DEPOSITS ARE NON-TRANSFERABLE**

X _____