

PLEASE READ PRIOR TO STARTING YOUR OCCUPATIONAL LICENSE PACKET

Below is a step by step guide to the order of completing your inspection sheet. Please follow them in order to help streamline the process.

- ☐ Zoning Sheet (Verify you are zoned for the business you want to start)
 - Frankie Legaux * 219 E. Robert St.* (985) 277-5649* legaux_fg@hammond.org
- ☐ Obtain Entergy Account
 - apply online at <https://www.entergy.com> * 800-ENTERGY
- ☐ Entergy Permit
 - apply online at <https://www.mgoconnect.org/auth/cplogin>
 - Philana Servin* 219 E. Robert St.* (985) 277-5655* servin_pr@hammond.org
- ☐ Water Department Inspection (signature #1 on inspection sheet)
 - Kathy Jones* 18104 Hwy 190 East* (985) 277-5951* jones_kk@hammond.org
- ☐ Health Unit Inspection (signature #2 on inspection sheet)
 - 15475 Club Deluxe Rd.* (985) 543-4175* (8-9am or 3-4pm)
 - ** Water and Health can be done at the same time****
- ☐ Fire Prevention Inspection (signature #3 on inspection sheet)
 - 1290 SW Railroad Ave.* (985) 277-5858* email Fire Inspection Information sheet with a copy of your floor plan to fpb@hammond.org * You must have power for inspection along with signatures 1&2* Once reviewed, someone from Fire Prevention will email you to schedule an inspection.
 - If you are changing occupancy type or any walls, doors etc., this will require a submission to the Louisiana State Fire Marshal's Office. If you are unsure if you need to make the submission, please email fpb@hammond.org
- ☐ Building Department Inspection (signature #4 on inspection sheet)
 - 219 E. Robert St.* (985) 277-5655 * Must have signatures 1-3 prior to this one
- ☐ Register with the sales tax office online
 - This can be done at any point in the process but must be completed prior to turning in your packet)

CITY OF HAMMOND
310 EAST CHARLES STREET
HAMMOND, LA 70403

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		
GIS DEPARTMENT	LOCATION ADDRESS	985-277-5651 OR 5652
ENTERGY		800-368-3749
TAX & LICENSE	310 E CHARLES ST	985-277-5616
UTILITY/WATER/GARBAGE	BILLING DEPT	985-277-5615
WATER & SEWER	HWY 190 EAST	985-277-5961
FIRE PREVENTION	LAUREN KING	985-277-5858
TANGIPAHOA HEALTH UNIT	JASON DEAN	985-543-4179
DUMPSTER PERMIT APPLICATION		985-277-5656
SIGN PERMIT	BLAKE LOFTIS	985-277-5648
HISTORIC 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 SIGNED**** BEFORE 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 DEP 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.

PHYSICAL ADDRESS: 310 E CHARLES STREET
HAMMOND, LA 70403
PHONE (985)277-5616

MAILING ADDRESS: P O BOX 2788
HAMMOND, LA 70404

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 _____
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 FELONY? YES () NO ()
IF SECONDHAND DEALER MUST SUBMIT BOND IN FAVOR OF THE CITY IN THE SUM OF \$2,500.00.
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 TH 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 GROUND FOR DENIAL, SUSPENSION OR
REVOCATION OF LICENSE. LICENSE AMOUNT \$50.00

ZONING CLASSIFICATION

1ST OFDER OF BUSINESS - ARE YOU ZONED PROPERLY

PLANNING DEPARTMENT
219 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# _____

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 premesis 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 _____

Building Director/City Planner

Date

INSPECTION SHEET

8-9 AM OR 3-4 PM

LAST INSPECT

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 AVE

4 BUILDING & ZONING

(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 _____ PHONE # _____

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 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 _____ / _____
WATER & SEWER HWY 190 EAST/UTILITY BILLING DATE: _____

2 _____ INSPECTION NEEDED
HEALTH UNIT, SANITARIAN YES NO DATE: _____

3 _____
FIRE PREVENTION DATE: _____

4 _____
BUILDING INSPECTOR DATE: _____



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 ONLINE 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 ONLINE 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 _____

ACCT NUMBER _____

ANNUAL CHAIN STORE TAX

CITY OF HAMMOND LOUISIANA

OCCUPATIONAL LICENSE TAX DIVISION

P O BOX 2788

HAMMOND LOUISIANA 70404-2788

To the City Tax Collector, Occupational License Division, Hammond Louisiana as required
by Title 47, Chapter 12 of the Louisiana Revised Statutes of 1950 as amended by Act 706

NAME

ADDRESS

KIND OF BUSINESS (STATE IF GROCERY AND MEATS, HARDWARE, DRUGS, LIQUOR, MEN'S CLOTHING, GENERAL MERCHANDISE ETC)

NAME	STREET ADDRESS	OPENING DATE IF NEW
Total Stores Operating in Hammond Listed Above as of January 1 Current Year		
Total Stores Operating Wherever Located Including Above, Under Same General Managemennt, Supervision, Ownership or Control as of January 1 Current Year		
Number of New Stores Opened in Hammond After January 1 Current Year		
NOTE: Opening Date to be Shown Opposite Name and Address and Tax to be Paid as Explained in Line 5 on Reverse Side		
COMPUTATION OF TAX (See Explanation on Back) Total Hammond Stores _____ Rate of Tax _____		Amount of Tax
		Interest
		Penalty
		TOTAL
AFFIDAVIT I swear (or affirm that this report has been examined by me and to the best of my knowledge and belief its true and correct. Sworn to and subscribed before me this _____ Day of _____ 20 _____		
Signature of Officer Administering Oath		Title
Signature		Title

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 Stores	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 store 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 1.2% per annum until paid and a 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.

Use additional sheets if necessary.



CITY OF HAMMOND

UTILITY BILLING DEPARTMENT

310 E. Charles Street Post Office Box 2788

Hammond, Louisiana 70404

phone 985.277.5615

fax 985.277.5613

website: www.hammond.org

Commercial Water & Sewer Application

Date of Service Requested: _____

Business Name: _____

Service Address: _____

State/Federal Tax ID #: _____

Business Phone: _____ Other Phone: _____

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 Code: _____

Responsible Party (PLEASE DO NOT REPEAT DBA NAME)

Name: _____

Address: _____

Phone/Cell: _____ Fax: _____

TERMS OF SERVICE

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

*Payment is due upon receipt, but no later than the due date.

*All unpaid balances will receive a penalty charge after penalty date of each month and are subject to disconnection of service.

*If service has been disconnected for non-payment a \$25 reconnect fee will be assessed prior to reconnection

*In order for water service to be turned on, you or representative must be on premises. NO EXCEPTIONS!

*By signing below you will have full responsibility for all damage/tampering of the meter that services this address.

All statements on this application are true and correct. Any information that is found to be incorrect or false will result in the City not providing services until all information has been corrected. I also agree to pay any and all previous water/sewer/garbage/and other charges I have with the City before the City will provide water service under this application. I further agree that failure to pay any charges billed me on my water bill will cause my water service to be disconnected and not reinstated until all balances due the City of water, sewer, garbage and any other charge included on my water account is paid in full.

Signature

Date