



**PARISH OF CADDO  
DEPARTMENT OF FINANCE  
OCCUPATIONAL LICENSE APPLICATION  
PO Box 1127  
Shreveport, LA 71163  
Phone: (318) 677-5372**

Business Type:  Sole Proprietorship (includes DBA)  LLC  
 Partnership  Corporation

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your business within a METROPOLITAN PLANNING AREA? \_\_\_\_\_  
(If yes, attach a copy of your certificate of occupancy)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_  
(Please attach a copy of Driver's License)

Tax ID or Social Security No. \_\_\_\_\_

Contact Person or Persons: \_\_\_\_\_ (please print)  
Check one:  Owner  Member/Officer

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Business Classification: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Signed: \_\_\_\_\_

**DEPARTMENT OF FINANCE**