



Occupational License Tax Application
City of Crowley
425 N. Parkerson Ave.
Crowley, LA 70526
337-788-4100

New Business <input type="checkbox"/> Existing Business <input type="checkbox"/> Purchase of Existing Business <input type="checkbox"/> Location Change of Business <input type="checkbox"/>	TAXPAYER NAME:	TRADE NAME:
Federal Employee ID Number (FEIN):	Louisiana Sales Tax Number:	Acadia Parish Sales Tax Number:
Type of Business: Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/>	Nature of Business:	Start Date / Acquired Business:
Mailing Address:		
Physical Address:		
Email:		
Phone Number:		
Driver's License #:		
SSN #:		

NEW BUSINESS:

Start Date of Business:
Name of Previous Owner (If Applicable):

EXISTING BUSINESS:

Amount of Gross Sales:
Please see chart on next page to calculate Taxable Gross Receipts

Amusement Machines/ Coin Operated Machines:

Please list the amount of each coin operated machine that is in the business:

Pool Tables : _____ @ \$20	Video Games: _____ @ \$50
Flipper Machines : _____ @ \$20	Boxing Machines: _____ @ \$20
Video Poker Machines : _____ @ \$50	Dart Boards : _____ @ \$20
Claw Machines : _____ @ \$20	Juke Box : _____ @ \$20
Pinball Machines : _____ @ \$20	



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Hotel / Motel / B&B (overnight stay)

Total # of beds: _____

Please see chart on next page to calculate Taxable Gross Receipts

Retail Dealers of Gasoline and Motor Fuels :

- A. Gross Sales/ Receipts :
(does NOT include sales of motor fuel) _____
- B. Deductions: _____
- C. (A) MINUS (B) Equals Taxable Receipts: _____
- D. Tax Due From Table 1: _____
- E. Gallons of Gasoline/Motor Fuel Sold: _____
- F. Tax Due on (E) From Table 1.1 : _____
- G. Total Tax Due From (D) plus (F) : _____
- H. Maximum Tax Due : _____ **\$ 6,200.00** _____
- I. Enter The Lessor of (G) or (H) : _____

I affirm that the information on this application and attached schedules is true and correct.

Signature

Title

Date

Inspector Use Only:

APPROVED ☐

NOT APPROVED ☐

City Inspector Signature

Comments: