

**Mail to: CITY OF ABBEVILLE  
LICENSE DEPT.  
PO BOX 1170  
ABBEVILLE LA 70511-1170**

**PHONE #: 337-898-4213  
EMAIL: [dbaudoin@cityofabbville.net](mailto:dbaudoin@cityofabbville.net)  
WEBSITE: [www.cityofabbville.net](http://www.cityofabbville.net)**

**APPLICATION FOR CITY OF ABBEVILLE  
OCCUPATIONAL LICENSE**

1. Name under which business is to be conducted:

\_\_\_\_\_ Please Print

2. Owner:

\_\_\_\_\_ Print Name of Owner if different from name on line one.

3. Location of Business:

\_\_\_\_\_ Street and Number City or Town Zip Code

4. Mailing Address(if different):

\_\_\_\_\_ PO Box of Street No. City or Town Zip Code

5. Business Phone:

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address:

\_\_\_\_\_

6. Nature of Business:

\_\_\_\_\_ State whether grocery, dry goods, hardware, department store, mfg. Wholesale, hotel tourist court, parking lot, Printing, laundry, dry cleaning, repairs, amusements, storage, lease and rentals, etc.

7. Type of Ownership:

\_\_\_\_\_ State whether individual proprietor, co-partnership or corporation

8. Name of all partners or Principal officers if a Corp:

\_\_\_\_\_

9. How many places of business do you Operate within the City of Abbeville:

\_\_\_\_\_

10. Date started, or to start at this address:

\_\_\_\_\_

11. Is your business located in the City of Abbeville? ( )Yes ( )No

Remarks: \_\_\_\_\_ Sign here: \_\_\_\_\_

\_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICE USE ONLY:** No. Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**If business has changed hands, show the former:**

**Trade Name:** \_\_\_\_\_

**Former Owner:** \_\_\_\_\_