



Form OLT-1000

Occupational License Tax Application (Rev. 02-2026)

1. Business Information

1a. Date of Return (MM/DD/YYYY): _____

1b. Federal Employer ID Number: _____

1c. LA Sales Tax Number: _____

1d. Local Sales Tax Number: _____

1e. Taxpayer Name: _____

1f. Telephone Number: _____

1g. Trade Name: _____

1h. Mailing Address (City, State, ZIP): _____

1i. Physical Location (Street, City, State, ZIP): _____

1j. Location of Accounting Records: _____

2. Type of Business

Individual Partnership Corporation Governmental Non-Profit

Other

3. Owner / Officer Information

Name	Title	SSN	Resident Address	Telephone
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4. Nature of Business

Describe business activity:



5. Business Status

New Business Purchased Business Other: _____

If purchased, previous owner: _____

6. Taxable Gross Receipts Calculation

Provide receipts per instructions.

7. Business Classification

Please see table attached on page 3 to select Business Classification:

Retail/Gasoline Wholesale Commission Public Utilities Lending Hotel

Commission

8. Flat Fee Items

Item	Number	Fee	Total

Under penalties of perjury, I declare this return is true, correct, and complete.

Signature of Applicant: _____

Signature of Preparer: _____