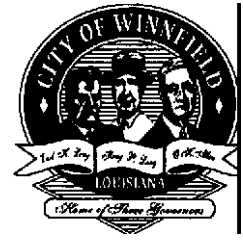


Determine your fee and
make your check payable to:

City OF WINIFIELD
PO BOX 509
WINIFIELD, LA 71483



OCCUPATIONAL RENEWAL APPLICATION

COMPLETE A or B or C and use tables to determine fee.

A Business opened after January 1st of last
year: Gross for time opened \$ _____

Divided by elapsed days open _____
multiplied times 365 (days) equals \$ _____

B. Business opened on or before January 1st of last year,
enter last year's Gross \$ _____

C. To be used by those business occupations paying flat fees
based on units, games, etc.

Item

Quantity

Fee

\$

D. Table Number to Use

Amount of fee (Due prior to April 1st)

\$ _____

If paid after March 31st

Interest of 1% per month from April

\$ _____

1st Penalty 5% per month (not to
exceed 25%)

\$ _____

TOTAL FEE \$ _____

I affirm the information given on this application is true and
correct.

Signature of applicant or agent

Date:

PLEASE RETURN THIS COPY WITH YOUR PAYMENT.

CITY OF Winfield
P.O. BOX 509
WINNFELD, LA 71483
TAX AND LICENSE DEPARTMENT
318-628-3939

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____