

Determine your fee and
make your check payable to:

City OF WINNFIELD
P O BOX 509
WINNFIELD, LA 71483



OCCUPATIONAL RENEWAL APPLICATION FOR 2016

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 years 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 WINNFIELD
P O BOX 509
WINNFIELD, LA 71483
TAX AND LICENSE DEPARTMENT
318-628-3939

BUSINESS NAME : _____

BUSINESS ADDRESS : _____

CITY : _____

STATE : _____

ZIP CODE : _____