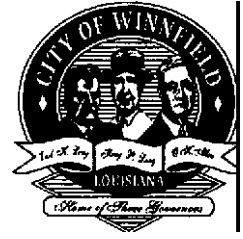


Determine your fee and  
make your check payable to:

City OF WINIFIELD  
PO BOX 509  
WINIFIELD, LA 71483



### OCCUPATIONAL RENEWAL APPLICATION FOR 2024

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%)

\$ \_\_\_\_\_

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

TOTAL FEE \$ \_\_\_\_\_

**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: \_\_\_\_\_