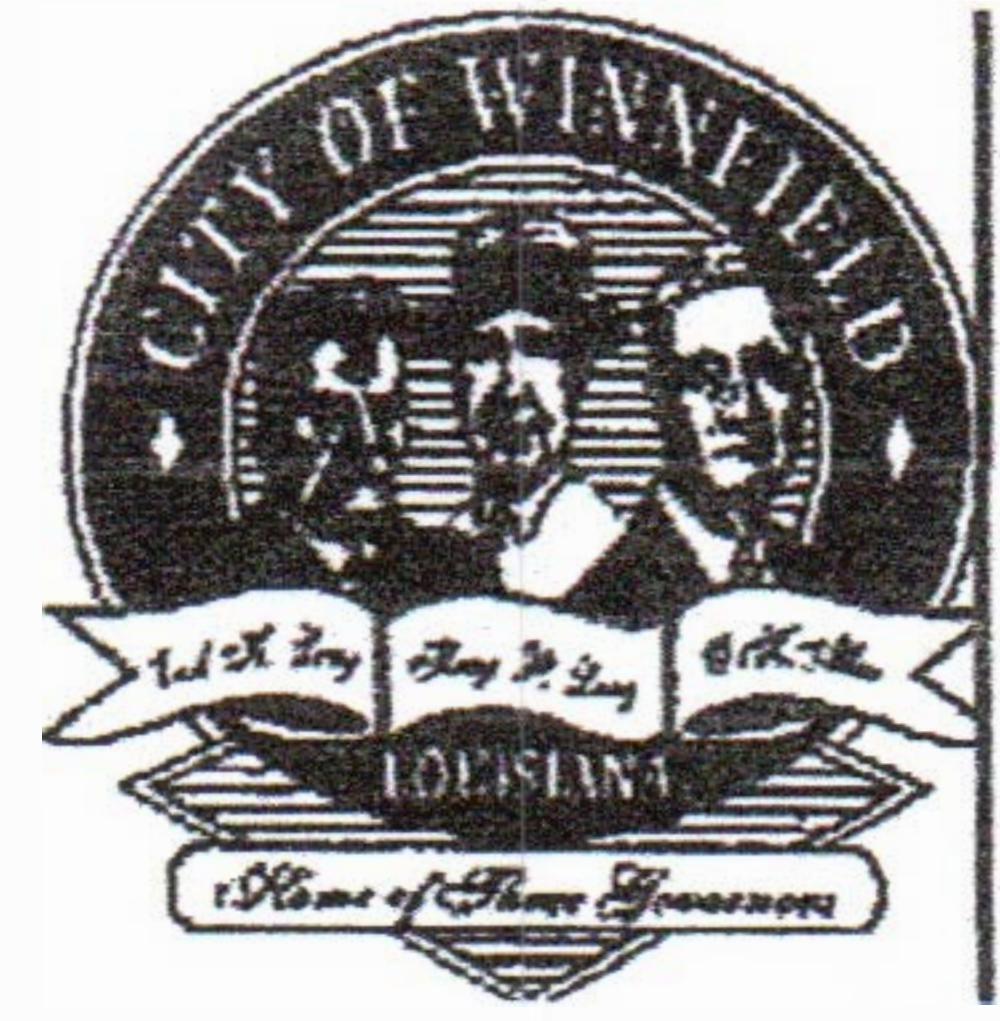


Determine your fee and  
make your check payable to:

City OF WINIIFIELD  
PO BOX 509  
WINIIFIELD, 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)	\$ _____
<b>If paid after March 31st</b>	
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: \_\_\_\_\_