



**The City of Raceland**  
**Business License Application**

Business Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

Number of Employees (including owner): \_\_\_\_\_

*\*\*Please note, all businesses licenses are \$100.00 if paid before April 30. After this date, a \$25.00 late fee will be imposed every 30 days until paid.\*\**

The City of Raceland is an Equal opportunity Employer and Provider

