

**APPLICATION FOR
MAYORALTY PERMIT**

DATE _____

I/WE HEREBY MAKE APPLICATION TO THE BUREAU OF REVENUE, DEPARTMENT OF FINANCE, CITY OF NEW ORLEANS, FOR MAYORALTY PERMIT AS INDICATED BELOW:

- ARTISTS:** CONSISTENT WITH CHAPTER 46, SECTION (10) OF THE CODE OF THE CITY OF NEW ORLEANS FOR TYPE A B C
- SALES AT RETAIL IN TEMPORARY QUARTERS:** WITH THE INTENTION TO CLOSE OUT OR DISCONTINUE SAID BUSINESS WITHIN A PERIOD OF ONE YEAR FROM THE DATE OF COMMENCEMENT THEREOF.
- GENERAL:** CONSISTENT WITH CHAPTER 45 AND/OR 46-1 SUBSECTION _____, THE CODE OF THE CITY OF NEW ORLEANS
- MARDI GRAS:** CONSISTENT WITH CHAPTER 46, SECTION 46-1 (1) OF THE CODE OF THE CITY OF NEW ORLEANS.

DESCRIBE THE INTENDED OPERATIONS FULLY: _____

SAID BUSINESS TO COMMENCE ON _____, TO EXPIRE ON _____
UNLESS SOONER REVOKED. I ACCEPT THE FACT THAT THIS PERMIT IS NON-TRANSFERABLE. I SUBMIT THE FOLLOWING AS A BASIS FOR THE ISSUANCE OF SAME:

APPLICANT(S) INFORMATION				
NAME	NEW ORLEANS ADDRESS	PHONE #	OUT OF TOWN ADDRESS	PHONE #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

TRADE NAME	BUSINESS ADDRESS IN NEW ORLEANS	HOME OFFICE ADDRESS IF OUTSIDE NEW ORLEANS
_____	_____	_____

NEW ORLEANS RESIDENT REFERENCES		BUSINESS REFERENCES	
NAME	ADDRESS	NAME	ADDRESS
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
_____	_____	3. _____	_____

ARTISTS ONLY	HAVE YOU PREVIOUSLY OBTAINED A PERMIT FROM THE CITY OF NEW ORLEANS DURING THE PAST 4 YEARS?			WHEN?	WHAT KIND?	
	NAME OF CITIES OR TOWNS WHERE YOU OPERATED IN THE PAST YEAR			THIS PERMIT WILL BE USED ON A: <input type="checkbox"/> OCCASIONAL BASIS <input type="checkbox"/> CONTINUING BASIS		
SALES AT RETAIL IN TEMPORARY QUARTERS ONLY	NAME OF PERSON HAVING MANAGEMENT OR SUPERVISION IN NEW ORLEANS				NEW ORLEANS ADDRESS	
	CAPACITY IN WHICH PERSON WILL ACT <input type="checkbox"/> AGENT <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> OTHER _____					
	NAME OF PERSON, PARTNERSHIP OR CORPORATION FOR WHOSE ACCOUNT BUSINESS SHALL BE CARRIED ON				IF CORPORATION, STATE OF INC.	
	OWNER'S ESTABLISHED PLACE OF BUSINESS			ADDRESS IN NEW ORLEANS WHERE BUSINESS TO BE CARRIED ON:		
	OTHER TEMPORARY PLACE OF BUSINESS WITHIN LAST 6 MONTHS OF THIS APPLICATION		NATURE OF BUSINESS		ADDRESS	
	TYPE OF GOODS, WARES OR MERCHANDISE TO BE SOLD:				INVOICE VALUE _____	
	METHOD OF SALE <input type="checkbox"/> AUCTION OR PUBLIC OUTCRY <input type="checkbox"/> PERSONAL SOLICITATION <input type="checkbox"/> OTHER _____					
NATURE AND CHARACTER OF ADVERTISING DONE OR TO BE DONE: _____ (ATTACH COPIES)						
RECORD OF OFFENSES	# OF ARRESTS	# OF CONVICTIONS	NATURE OF ARRESTS AND/OR CONVICTIONS			
MARDI GRAS ONLY	FOR FIXED LOCATION, LIST CHOICE OF LOCATION IN ORDER OF PREFERENCE					
	1 _____	2 _____	3 _____	4 _____		

I/WE AGREE TO ABIDE BY ALL CITY, STATE AND FEDERAL LAWS AND REGULATIONS. IT IS UNDERSTOOD AND AGREED THAT ANY MISSTATEMENT OR SUPPRESSION OF FACTS SHALL BE GROUNDS FOR REFUSAL OF THE PERMIT APPLIED FOR OR REVOCATION OF SAME IF ALREADY ISSUED.

I/WE DO HEREBY ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT.

NOTARY REQUIRED FOR ARTISTS & SALES AT RETAIL IN TEMPORARY QUARTERS ONLY.	
SIGNED AND SUBSCRIBED TO BEFORE ME	
THIS _____ DAY _____ 19____	
NOTARY PUBLIC	

	SIGNED
	SIGNED
	SIGNED