

TOUR PLANNER & COMPANY REQUIREMENTS

ITEMS REQUIRED TO BE SUBMITTED AT THE TIME OF APPLICATION

- **1. Completed Application** (Do not leave blanks: note N/A if not applicable. Please note that an incomplete application will not be accepted.)
- **2. Evidence of Good Standing with the Louisiana Secretary of State** demonstrated by Louisiana Business Filings search page https://coraweb.sos.la.gov/CommercialSearch/CommercialSearch.aspx
- 3. Letter signed by the officer(s) and/or member(s) of the Company authorizing the applicant to conduct business on behalf of the company.
- 4. City of New Orleans Occupational License (Business required to maintain office in Orleans Parish.)
- 5. Proof of Comprehensive Liability insurance in the amount of \$300,000

Accepted documents: Certificate of Liability Insurance / Declaration Page listing the City of New Orleans as Certificate Holder sent directly from the insurance carrier. For insurance purposes, the City's Address is 1300 Perdido St., Rm 7E05, New Orleans, LA 70112.

- 6. Fidelity Bond in the amount of the \$10,000 secured by the business
- 7. Pay Application Fee (All fees are non-refundable)
 - Tour Planner \$500.00
 - Tour Company \$1,000.00

Forms of payments accepted: Money order or cashier's check payable to The City of New Orleans, Mastercard/Visa/Discover credit card.

9. A sample or mock-up of the proposed tour participant identifiable indicator to be used during tours.

You are encouraged to familiarize yourself with New Orleans City Code Chapter 30 and the "Standards of Conduct and Ethics for Licensed Tour Guides". A copy may be obtained from the Clerk of Court's Office, or online at www.municode.com. Please govern yourself accordingly.

NOTE: Tour Planner & Company Licenses expire on September 30th of each year.





TOUR PLANNER LICENSE APPLICATION

BUSINESS INFORMATION					
Business Type: Business Name	Tour Planner	Tour Company	Application Type:	New	Renewal
Business Address					
City		State		Zip	
Business Phone _			Email Address		
EIN #					
APPLICANT INFORMATION					
Applicant Full Name					
Applicant Address					
City		State			Zip
Home Phone		Work Phone		Positio	on
Louisiana Driver's	License or State ID‡	t		Expira	tion Date
Email Address					
ACKNOWLEDGEMENTS					
I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. Further, I understand that conduct of tour guides operating using my participant identifiable indicators and failing to operate in accordance with Chapter 30 of the City Code or "Standards of Conduct and Ethics for Licensed Tour Guides" may be grounds for penalty, suspension, and/or revocation of my permit.					
Applicant Signatu	ro		Data		