

FOR OFFICE USE ONLY

APPLICATION FOR AND/OR REQUEST FOR

(Check one or more squares)

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2. A. Sales Tax Certificate

B. Occupational License Tax

New Business

Renewal

Previous Year License No. _____

C.R.N. _____

5. Federal Employer ID Number None

6. LA Sales Tax Number None

7. Local Sales Tax Number None

8. A. Taxpayer Name _____

B. Area Code-Phone Number _____

C. Trade Name _____

D. Mail Address _____

E. City, State, Zip Code _____

F. Location-Street, City, State, Zip Code _____

G. Parish Location _____

9. Type of Organization A. Individual B. Partnership C. Corporation D. Governmental E. Non-Profit F. Other (Specify) _____

10. If corporation or partnership Name, Title, Soc. Sec. No., Resident Address and Phone of Officers or Partners.

Name	Title	Resident Address	Phone-
SSN			

Name	Title	Resident Address	Phone-
SSN			

Name	Title	Resident Address	Phone-
SSN			

Name	Title	Resident Address	Phone-
SSN			

11. If Sole Owner (Individual) Name _____ Resident Address _____ Phone- _____

12. Ending Month of Accounting (Fiscal Year) _____

13. Name and Address of Agent for Service of Process _____

14. Location of Accounting Records Are Maintained-Check One as Noted in Item 8 (If other, show other street, address, city & state) _____

15. If Corporation, State of Incorporation _____ Reason for Applying _____

A. Started New Business B. Purchased Going Business C. Other (specify) _____

17. Date Business Started/ Acquired at THIS LOCATION _____

18. Have you registered with the Secretary of State for Louisiana as a foreign corporation? Yes No

19. Excluding This One How Many Other Business Locations Do You Have in This Parish or Municipality?

20. Nature of Business _____ Description of Sales or Activity _____

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

Signature of Applicant _____ Title _____

Signature of Preparer _____ If different from above _____

1. Date of Application _____

Month _____ Day _____ Year _____

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3. Class (OLT) _____ (Sales)

4. SIC _____