

**St. John the Baptist Parish
Sales and Use Tax Registration Application**

PO Box 2066 LaPlace, LA 70069
PH:985-359-6600 FX:985-359-6602

OFFICIAL USE ONLY

ACCOUNT NUMBER:

1. Reason for Applying:
- | | |
|--|---|
| <input type="checkbox"/> A. Started new business | <input type="checkbox"/> D. Merger* |
| <input type="checkbox"/> B. Purchased existing business* | <input type="checkbox"/> E. Change of name* |
| <input type="checkbox"/> C. Opening additional location* | <input type="checkbox"/> F. Other, explain >> |

ISSUER: _____ DATE: _____

Name of previous business: _____ *Previous account number: _____

2. Louisiana Sales Tax Number: _____ Applied for None
 Federal Identification Number: _____ Applied for None

3. Legal Name of business: _____
 Trade Name of business: _____

4. Business Location: _____
Physical Address City State Zip code Phone Parish

5. Mailing Address: _____
(If same as 4. write "same") Mailing Address City State Zip code Phone Parish

6. Contact Person: _____ Contact Phone: _____ Fax: _____
 E-Mail Address: _____ Web Site: _____
 Location of Accounting Records: _____
Physical Address City State Zip code Phone

7. Type of Organization: Individual Corporation LLC Non-Profit
 Partnership LLP Government Other type >

8. If Sole Owner, Individual: _____
Full Name Social Security # Phone #

Home Address City State Zip code

9. If Corporation, Partnership, LLC, LLP or Other: list name, title, SSN, home address and phone # of principals

_____	_____	_____	_____
<small>Full Name</small>	<small>Title</small>	<small>Social Security #</small>	<small>Phone #</small>
_____	_____	_____	_____
<small>Home Address</small>	<small>City</small>	<small>State</small>	<small>Zip code</small>
_____	_____	_____	_____
<small>Full Name</small>	<small>Title</small>	<small>Social Security #</small>	<small>Phone #</small>
_____	_____	_____	_____
<small>Home Address</small>	<small>City</small>	<small>State</small>	<small>Zip code</small>

10. Agent for service of process: _____
Full Name

Physical Address City State Zip code Phone

11. First date sales will be made: _____ Date business started operations: _____

12. Nature of Business: Retail Wholesale Service Manufacturing Contractor Other
 Describe in detail the nature of your business: _____ NAICS CODE _____

13. Reporting status (official use): Monthly Quarterly Annual Occasional/Irregular

14. Where will your transactions occur? Parish Wide State Wide Other >

I affirm that the information given on this application is complete, true and correct.

Signature of Applicant: _____ Title: _____
 Signature of Preparer: _____ Date: _____