

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

**\*Enter Information in  
Boxes Only**

**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: \_\_\_\_\_

13. Reporting status (official use):  Monthly  Quarterly  Semi-Annual  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: \_\_\_\_\_