St. Mary Parish Sales and Use Tax Department

PO Drawer 1279 • Morgan City, LA 70381 • Phone (985) 384-8510 • Fax (985) 385-4535

Tax Registration Application

NOTE: A separate application is required for each location

	Sales tax	Hotel/Motel	Occupational License	:
1. Reason for applying A. Started new business B. Purchased ongoing business: 1. Name of previous owner 2. Trade name of previous owner 3. Previous Owner account number 2. A. LA Sales and Use Tax Number B. Federal Identification Number C. Federal Standard Industrial Code D. How many other business locations i 3. A. Legal name - Individual, Partners, or B. Trade name of business 4. Business location address Zip code Telephone (5. Mailing Address for receiving tax forms a	n this Parish Corporation Do not enter PO Box)	C. Openin D. Merger E. Change F. Other City and S Parish in L	g additional location e of Name Applied For Applied For ate	None
۵۰.		(If same as location, v	· ·	**************************************
City and State 6. Contact Person Fax number () Location of accounting records	E-mail	Contact	Phone Number () Website	
7. Type of organization Individual Sovernmental Non-profit		•	orporation LLC	LLP
8. If sole owner - List Individual Name Home address 9. If Corporation, LLC, LLP, or Partnership:	List Name, Title So	ocial Security Numb	Telephone ()_ er, Home address, and Tele	
officers, members, managers, or partner	Title	tion sneet if needed)	SSN
Address	City State Zip		Phone î	Number
Name	Title	1		
Address				SSN
	City State Zip		Phone N	·
10. Agent for service of process		Physical address		·
10. Agent for service of process				Number one number
10. Agent for service of process Name 11. First date sales will be made from this 12. A. Nature of business: Retail Sales Manufacturi	location	Date busi	Telephoness first started operations rvice	Number one number
10. Agent for service of process Name 11. First date sales will be made from this 12. A. Nature of business: Retail Sales Manufacturi B. Describe in detail your business	locationRetail Service ng/Fabrication	Date busing Date busing Parker Seales, activity, or service	Telephoness first started operations rvice	one number Contractor
10. Agent for service of process Name 11. First date sales will be made from this 12. A. Nature of business: Retail Sales Manufacturi B. Describe in detail your business	location Retail Service ng/Fabrication Type of nthly required to file parisl asional/Irregular filers	Date businesses (1	Telephoness first started operations rvice Wholesale Annual Occasion on a regular basis unless sale	Contractor sional/Irregular as tax receipts
10. Agent for service of process Name 11. First date sales will be made from this 12. A. Nature of business: Retail Sales Manufacturi B. Describe in detail your business 13. Requested Reporting Status: More Reporting frequency - All new accounts are average less than \$500.00 per month. Occ	location Retail Service ng/Fabrication Type of nthly e required to file parish asional/Irregular filers m services that are expenses as the control of the co	Date businesses (1	Telephoness first started operations rvice Wholesale Annual Occasion on a regular basis unless sale	Contractor sional/Irregular as tax receipts
10. Agent for service of process Name 11. First date sales will be made from this 12. A. Nature of business: Retail Sales Manufacturi B. Describe in detail your business 13. Requested Reporting Status: More Reporting frequency - All new accounts are average less than \$500.00 per month. Occ Parish on a regular basis, or (2) that perfore	location Retail Service ng/Fabrication Type of nthly e required to file parish asional/Irregular filers m services that are expenses as the control of the co	Date businesses (14. For Office	Telephoness first started operations rvice	Contractor sional/Irregular as tax receipts

	FOR OCCUPATIONAL LICENSE	Please	Circle
Do You	Sell Food?	Yes	No
If Yes , p	olease attach a copy of your Board of Health Permit to Opera	ate.	
Do You	Sell Gasoline or Motor Fuels?	Yes	No
Will You	ur Business have Video Poker/Amusement Devices?	Yes	No
If Yes , V	Who own machines?		
Date Bu	isiness Opened:		
	Please Check Only One (1) of the Boxes Be	low:	
	Started New Business-Less Than 30 Days-This Cale Business opened on or prior to June 30 of current year. Business opened on or after July 1 of current year	\$50.00	
	Business Opened More Than 30 Days (A)Gross Receipts for First 30 Days (B)Number of Months to Operate this Year (C)(A) Times (B) Equal Estimated Taxable Gross		
	Business Opened During the Previous Calendar Yea (A)Gross Receipts (B)Number of Days in Operate (C)(A) Divided by (B) Equal Average Daily Receipts (D)365 Times (C) Equals Estimated Taxable Gross	ar	
	Business Opened Entire Previous Year Enter Gross Income		
	For Office Use Only		
	Type: Notes:		
	Indicate municipality/area of business location. Please check one.		
	01 Unincorporated04 Berwick		
	02 Franklin05 Patterson		
	03 Morgan City 06 Baldwin		
MAKE	CHECKS PAYABLE TO: ST. MARY PARISH OLT F	UND	
MAILIN	IG ADDRESS: ST. MARY PARISH SALES P.O. BOX 1279 MORGAN CITY, LA 70381	S AND USE T	AX DE

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