

Application for East Feliciana Parish School Board Sales Tax

Registration Certificate
 DIRECTOR OF SALES TAX
 POST OFFICE BOX 397
 CLINTON, LA 70722
 PHONE (225) 683-5420
 FAX (225) 683-3320

**Retain a copy for your records
 and mail or fax a copy to
 East Feliciana Parish School Board
 ATTN: Sales Tax Department**

For Director's Use
Date Received
Date Certificate Issued
Clerk

1. Name under which business is to be conducted: _____

2. Owner: _____

3. Location of business: _____
 (Include Street and Number, City or Town, Zip and Parish)

4. Mailing address (if different): _____
 (Include P.O. Box or Street No., City or Town, Zip and Parish)

5. Nature of Business _____
 State whether grocery, dry goods, hardware, department store, mfg., wholesale, hotel, parking lot, printing, laundry, dry cleaning, repairs, amusements, storage, etc.

6. Type of Business _____
 State whether individual, proprietor, co-partnership or corporation

7. Name of all partners or principal officers if a corporation: _____

8. How many places of business do you operate within East Feliciana: _____
 If you operate more than one place of business, separate and complete registrations must be made for each location. If you prefer to file a Consolidated Tax Return, it must be supported by separate returns.

9. What sales records do you keep: _____

10. Date started, or to start at this address: _____

Home Telephone #: _____ Sign here _____

Business Telephone#: _____ By _____

Ward	Classification	Number

PLEASE CHECK A FILING PREFERENCE (this is a mandatory field):

Monthly Quarterly Semi-Annually Annually Occasional