

MAIL ORIGINAL TO:  
**ST. CHARLES PARISH SCHOOL BOARD**  
 Sales/Use Tax Dept.  
 13855 River Road  
 Luling, LA 70070  
 Phone: (985) 785-3118  
 Fax: (985) 785-7246

APPLICATION FOR  
**ST. CHARLES PARISH**  
**SALES & USE TAX**  
 Registration Certificate

FOR OFFICE USE ONLY

Date Received
Clerk

1. A. Trade Name	B. Phone No. (Area Code)
C. Mailing Address	D. City, State, Zip Code
E. Fax No. (Area Code)	

2. Physical Location - Street, City, State, Zip Code

3. Type of Organization

A. <input type="checkbox"/> Individual	B. <input type="checkbox"/> Corporation
C. <input type="checkbox"/> Partnership	D. <input type="checkbox"/> Other

4. A. If Sole Owner (Individual) Name \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

B. Home Address - Street, City, State, Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

C. Personal Reference - Name - Home Address - Street, City, State, Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

5. If Corporation or Partnership

Name, Title, SSN of Officers Or Partners	Name	Title	Soc. Sec. #
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. How many places of business do you operate within the parish of St. Charles (including this one) \_\_\_\_\_. If you operate more than one place of business, separate and complete sales tax registrations must be made for each location. If you prefer to file a consolidated sales tax return, it must be supported by separate data for each location.

7. Date Business Started at this Location or First Sale Within St. Charles Parish

Month	Day	Year	8. Reason for Applying	A. <input type="checkbox"/> Started New Business C. <input type="checkbox"/> Other (specify)
				B. <input type="checkbox"/> Purchased Ongoing Business - Name of Business Purchased - Name of Previous Owner

9. Name of Contact Person \_\_\_\_\_

Preparing Tax Returns \_\_\_\_\_ Phone no. \_\_\_\_\_

10. Nature of Business Describe in Detail Your Business: Type of Sales, Activity, or Service you perform.

10 b. Email Address \_\_\_\_\_

11. Federal Employer ID # <input type="checkbox"/> None	12. LA Sales Tax # <input type="checkbox"/> None	13. Preferred Method of Reporting:
_____	_____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY
		<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL

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

Signature of Applicant _____	Title _____
X	Date of Application _____
Signature of Preparer if different from above _____	

LIST OF TOWNS LOCATED WITHIN ST. CHARLES PARISH

- |                           |                                 |
|---------------------------|---------------------------------|
| Luling.....70070          | Norco/Good Hope.....70079       |
| Hahnville/Taft .....70057 | Montz, R.F.D. (LaPlace)..70068  |
| Boutte.....70039          | New Sarpy.....70078             |
| Ama.....70031             | Destrehan .....70047            |
| Killona.....70066         | St. Rose, R.F.D. (Kenner) 70087 |
| Paradis.....70080         |                                 |
| Des Allemands .....70030  |                                 |

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Location/Status	Classification	Account Number