WEST FELICIANA PARISH SALES AND USE TAX OFFICE
P.O. BOX 1910• St. Francisville, LA 70775• (225) 635-4989

Sales and Use Tax Application Form

1. Reason for applying:
   □ A. Started new business
   □ C. Opening additional location
   □ D. Merger ____________________________ and ____________________________
   □ E. Change of name ____________________________
   □ B. Purchased ongoing business:
       Name of previous owner ____________________________
       Trade name of previous owner ____________________________
       Parish account number ____________________________
   □ F. Other ____________________________

2. A. LA Sales Tax Number ____________________________
   B. Federal Identification Number ____________________________
   C. Federal Standard Industrial Code ____________________________
   D. How many other locations in this Parish ____________________________

3. A. Legal name(s): Individual, partners, or corporation ____________________________
   B. Trade name of business ____________________________

4. A. Business location address (Street-Not P.O. Box)
   B. City and State: ____________________________
   C. Zip ____________________________
   D. Telephone ( ) ____________________________
   E. Parish in LA: ____________________________

5. A. Address for receiving tax forms and correspondence
   (If same as location, write “same”)
   B. City and State ____________________________
   C. Zip ____________________________

6. A. Contact person ____________________________
   B. Contact Phone # ( ) ____________________________
   C. Fax Number ____________________________
   D. Email address ____________________________
   E. Location of accounting records ____________________________

7. Type of organization □ A. Individual □ B. Partnership □ C. Corporation □ D. LLC □ E. LLP
   □ F. Governmental □ G. Non-profit □ H. Other

8. If sole owner (individual): Name ____________________________ SSN: ____________________________
   Home address ____________________________ Telephone ( ) ____________________________

9. If Corporation, LLC, LLP, or Partnership: name, title, ss#, home address, and telephone # of
   officers, members, managers, or partners:
   Name ____________________________ Title ____________________________ SSN ____________________________
   Address ____________________________ City, State, Zip ____________________________ Phone Number ____________________________
   Name ____________________________ Title ____________________________ SSN ____________________________
   Address ____________________________ City, State, Zip ____________________________ Phone Number ____________________________

10. Agent for service of process: name, physical address and phone # ____________________________
11. A. First date sales will be made from this location
B. Date business first started operation

12. A. Nature of business: □ Retail Sales □ Repair Service □ Retail Service □ Wholesale □ Contractor
     □ Manufacturing/Fabricating □ Other
B. Describe in detail your business: Type of sales, activity, or service you perform:

13. Requested Reporting Status: □ Monthly □ Quarterly □ Occasional/Irregular
    Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a parish will automatically be registered to file on a monthly basis. Occasional/Irregular filers are intended for those businesses (1) that do not have a location within the parish and do not intend on doing business within the parish on a regular basis; and/or (2) business that perform services that are not taxable.

14. Where do you anticipate your taxable transactions to occur? Check box(s) below:
□ Parish Wide □ Town of St. Francisville

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

Signature of Applicant ___________________________ Title ___________________________

Signature of Preparer ___________________________ Date ___________________________

FOR OFFICE USE ONLY
ID # __________________
CLASS ________________
DATE CERTIFICATE ISSUED ________________

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