

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:

- | | |
|--|---|
| <input type="checkbox"/> A. Started new business
<input type="checkbox"/> C. Opening additional location
<input type="checkbox"/> D. Merger _____
and _____
<input type="checkbox"/> E. Change of name _____ | <input type="checkbox"/> B. Purchased ongoing business:
Name of previous owner _____
Trade name of previous owner _____
Parish account number _____
<input type="checkbox"/> F. Other _____ |
|--|---|

2. A. LA Sales Tax Number _____ Applied For None
 B. Federal Identification Number _____ Applied For None
 C. Federal Standard Industrial Code _____ (if unknown, please leave blank)
 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 _____ B. City and State: _____
 (Street-Not P.O. Box)

- 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 _____