

St. John the Baptist Parish

Application for Occupational License and Sales Tax Registration

Office Use Only

Sales Tax Acct:

Occ Lic Acct:

Reason for Applying:									
<input type="checkbox"/> New Business <input type="checkbox"/> Purchased Existing Business <input type="checkbox"/> Opening Additional Location <input type="checkbox"/> Merger <input type="checkbox"/> Name Change									
Previous Name: _____					Previous Account No.: _____				
Legal Name					Trade Name				
Contact Name/Title				Telephone No			Email Address		
Business Type:								Federal ID No.	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Professional Partnership									
<input type="checkbox"/> Non-Profit (attach IRS designation) <input type="checkbox"/> Other: _____								Louisiana Sales Tax No	
Nature of Business							Transactions to Occur		
<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor <input type="checkbox"/> Peddler							<input type="checkbox"/> State Wide <input type="checkbox"/> Parish Wide		
<input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Beer Only <input type="checkbox"/> Beer & Liquor <input type="checkbox"/> Other: _____							<input type="checkbox"/> Other: _____		
NAICS CODE		Description of Business Activities							
Business Location: = Check One *attach copy of lease ** - attach copy of lease & owner authorization for use of property for business name & type									
<input type="checkbox"/> Applicant Owned <input type="checkbox"/> Leased property * <input type="checkbox"/> Home-based -Applicant Owned <input type="checkbox"/> Home-based-Not Owned by Applicant**									
Physical (Business) Address:									
City			Zip Code		District				
Mailing Address:									
City				State		Zip Code		Website	
Name and Address for Louisiana Agent for Service or Process					Location of Accounting Records				
Name of Manager or Operator			Telephone Number			Driver's License No		Email Address	
Name (Sole Proprietor's Only)				Date of Birth		Social Security Number		Driver's License No.	
Address				City		State	Zip Code	Phone Number	
Organizational Officers, Members, Managers									
Name				Title	Date of Birth		Social Security Number		Driver's License No.
Home Address				City		State	Zip Code	Phone Number	
Name				Title	Date of Birth		Social Security Number		Driver's License No.
Home Address				City		State	Zip Code	Phone Number	

I here acknowledge that I have been advised of the following: sales taxes become delinquent on the 20th day of the month when due; occupational licenses become delinquent on March 1st of the year that taxes are due; business owners and certain officers, members and managers may be held responsible for taxes not paid in accordance with the ordinances, laws, and regulations; and are further required to keep, preserve, and make available for inspection suitable records of sales, purchases, leases, or other revenue sources subject to sales, use, or occupational license taxes to determine the amount of such tax as may be due and must do so until such taxes have prescribed.

Applicant Signature

Date

FOR OFFICE USE ONLY

Parish Administration, Planning & Zoning Department

Approval Compliance Form _ Authorized by: _____ Date: _____

Utilities Department Waste Water Application

Approved Form Attached Authorized by: _____ Date: _____

Office of State Fire Marshal

Approved Notice Attached Authorized by: _____ Date: _____

Health Department Approval (If Required)

Approved Notice Attached Authorized by: _____ Date: _____

Site Plan for Fireworks Stand (If Required)

Approval Letter Attached Authorized by: _____ Date: _____

Sheriff's Office-Application for Retail Alcoholic Beverage Permit (If Required)

Approved Application Attached Authorized by: _____ Date: _____

Sheriff's Office—Schedule A for Each 5% Member/Shareholder (If Required)

Approved Schedule(s) Attached Authorized by: _____ Date: _____

Sheriff's Office—Schedule F for Each Member/Shareholder (If Applicable)

Approved Schedule(s) Attached Authorized by: _____ Date: _____

Sheriff's Office—Schedule R Restaurant Permit (If Required)

Approved Schedule Attached Authoized by: _____ Date: _____

--Use Section Below If Applying For Occupational License Only--

Affidavit

I, _____, have applied for an occupational license to the Office of the Parish President of St. John the Baptist Parish for a business that will bear the name of:

_____, and will be located at

_____, LA _____
Street Address City Zip Code

Business activities, which will be located at the above address, in the name of said business, will be as follows:

I hereby acknowledge under oath that the above information given is true to the best of my knowledge, and that this will be the only business activity at the above location. I also hereby acknowledge under oath that the business activity that will be conducted at the above location is in full compliance with all Ordinances of St. John the Baptist Parish, and both State and Federal Laws.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Notary Public