

CLASSIFICATION  
\_\_\_\_\_

**APPLICATION FOR  
LAFOURCHE PARISH  
TOURIST COMMISSION  
HOTEL-MOTEL TAX**

I.D. NUMBER  
\_\_\_\_\_

**REGISTRATION CERTIFICATE**

*Retain Copy for your files and  
**Mail original to the Sales and  
Use Tax Department, Lafourche  
Parish SchoolBoard, P.O. Box 997  
Thibodaux, La. 70302***

*For Office Use*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Date Certificate Issued*

1. Name under which business is to be conducted: \_\_\_\_\_ PHONE \_\_\_\_\_
2. Owner(s) \_\_\_\_\_ Fed.Tax Id # \_\_\_\_\_  
(Print name of owner if different from name on Line One above)
3. Physical location of business \_\_\_\_\_  
Street and Number City State Zip Parish
4. Mailing address (if different) \_\_\_\_\_  
P. O. Box or Street Number City State Zip Parish
5. Nature of business: \_\_\_\_\_
6. Type of Ownership \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_ LP \_\_\_\_ LLP
7. Name of all partners, members, directors or officers, if corporation: \_\_\_\_\_  
\_\_\_\_\_
- Who has bank signature authority to report & remit taxes \_\_\_\_\_  
Name Title
8. How many overnight facilities do you operate within Lafourche Parish \_\_\_\_\_  
How many overnight rooms or camper spots do you have available at this location \_\_\_\_\_
- If you operate more than one overnight facility, separate and complete Hotel-Motel Tax registrations must be made for each location. If you offer (1) ONE or more overnight guest rooms/ camper spots, you are required to file a Hotel-Motel Tax Return monthly. If you have (6) SIX or more rooms or spaces for rent at a single location, you must also register and pay sales tax as required.
9. What sales records will you keep: \_\_\_\_\_
10. Date Started, or to start at this address: \_\_\_\_\_
11. Parish Ward in which business located: \_\_\_\_\_ Parish Precinct located: \_\_\_\_\_

SIGN HERE: \_\_\_\_\_

By: \_\_\_\_\_  
(Owner, Partner, President, etc)