

Retain Canary Copy for Your Files
and mail the original to the
Sales and Use Tax Department
Lafourche Parish School Board
P.O. Box 997,
Thibodaux, Louisiana 70302-0997

**APPLICATION FOR
SALES TAX
PARISH OF LAFOURCHE
STATE OF LOUISIANA
Registration Certificate**

| Contact Information | |
|------------------------------|------------------|
| Company Sales Tax Individual | |
| Title | Telephone Number |
| Email Address | |

- Name under which business is to be conducted _____ Phone No. _____
PRINT—Do not write
- Owner _____ Federal I.D. Number or Social Security Number _____
PRINT—Name of owner if different from name on line one
- Location of Business _____
Street and Number City or Town ZIP Code Parish
- Mailing Address (if different) _____
P.O. Box or Street No. City or Town ZIP Code Parish
- Nature of Business _____
State whether grocery, dry goods, hardware, department store, wholesale manufacturer, hotel, tourist court, parking lot, printing, laundry, dry cleaning, repairs, amusements, storage, lease and rentals, etc.
- Type of Ownership _____
State whether individual proprietor, co-partnership or corporation.

7. Please provide information on individual signing application. (if a partnership or corporation, please provide individual names)

| <u>Name of Partner or Corporate Officer</u> | <u>Title</u> | <u>Date of Birth</u> <small>Month Day Year</small> | <u>Social Security No.</u> | <u>(AC) Telephone</u> |
|---|--------------|---|----------------------------|-----------------------|
| _____ | _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | _____ | () _____ |

- How many places of business do you operate within the Parish of Lafourche _____
If you operate more than one place of business, separate and complete Sales Tax registrations must be made for each location.
- What sales records do you keep _____
such as invoices, journals, cash register tapes, or other (please specify)
- Date started, or to start at this address _____
- Fill out if entity is a corporation, limited liability company, partnership, limited partnership or sole proprietor.

I/We the undersigned acknowledge that I/we have direct control or supervision of the remittance of sales tax to the collector and acknowledge that I/we can be held personally liable for the total amount of the taxes, interest, penalties, court costs and attorney fees due pursuant to LSA R.S. 47:337.46.

President / Manager Secretary/Treasurer

Sole Proprietor Partner

**(Must be signed by at least one Individual, Owner or Officer.)
(If additional space is required, please attach on a separate sheet.)**

State of Louisiana Sales Tax Number _____

| | |
|------------------------------|--------|
| For Sales Tax Department Use | |
| CLASSIFICATION | NUMBER |