

# 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		
<b>Organizational Officers, Members, Managers</b>										
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 20<sup>th</sup> day of the month when due; occupational licenses become delinquent on March 1<sup>st</sup> 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 Authorized 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