

West Baton Rouge Parish  
Tax Application Form

NOTE: A separate application is required for each location

CHECK ALL THAT APPLY:

- Sales Tax       Occupational License Tax       Occupancy Tax

(contact this office for initial fee)

1. Reason for applying:

- A. Started new business
- B. Purchased ongoing business: Name of previous owner \_\_\_\_\_  
Trade name of previous owner \_\_\_\_\_ Parish account number \_\_\_\_\_
- C. Opening additional location
- D. Merger \_\_\_\_\_ and \_\_\_\_\_
- E. Change of name
- F. Other \_\_\_\_\_

2. A. LA Sales Tax Number \_\_\_\_\_  Applied For     None  
B. Federal Identification Number \_\_\_\_\_  Applied For     None  
C. 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 \_\_\_\_\_  
(Street, route, or highway – NOT P. O. Box or General Delivery)

B. City and state \_\_\_\_\_ C. Zip \_\_\_\_\_ D. Telephone \_\_\_\_\_

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 No: \_\_\_\_\_ C. E-Mail: \_\_\_\_\_

D. Location of accounting records \_\_\_\_\_

7. Type of organization:  Individual     Partnership     Corporation     LLC     LLP  
 Governmental     Non-Profit     Other \_\_\_\_\_

8. If sole owner (individual): Name \_\_\_\_\_ SSN \_\_\_\_\_  
Home address \_\_\_\_\_ Telephone \_\_\_\_\_

9. If Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number 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. Date sales will be made from this location \_\_\_\_\_ B. Date business first started operations \_\_\_\_\_

12. A. Nature of Business:  Retail Sales     Repair Service     Retail Service     Wholesale  
 Manufacturing/Fabricating     Contractor     Other

B. Describe type of sales, activity, or service you perform \_\_\_\_\_

13. Requested Reporting Status:  Monthly     Quarterly     Semi-Annual     Annual     Occasional/Irregular

The Administrator, according to parish policy, will determine reporting frequency and filing status. **Businesses with a location within this 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 on a regular basis; and/or (2) business that perform services that are not taxable.

**I affirm that the information given on this application is true and correct.**

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

Record Keeping Requirements Form Received \_\_\_\_\_ Zoning Designation Form Received \_\_\_\_\_