



# Calcasieu Parish Sales and Use Tax Department

P.O. Drawer 2050, Lake Charles, LA 70602-2050 (337)437-1200

Application for Registration LATA approved

NOTE: A separate application is required for each location

CHECK ALL THAT APPLY:  Sales Tax  Hotel/Motel

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. Federal Standard Industrial Code \_\_\_\_\_ (if unknown, please leave blank)
- D. 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 \_\_\_\_\_ B. City and state \_\_\_\_\_  
(Street, route, or highway – NOT P. O. Box or General Delivery)
- C. Zip \_\_\_\_\_ D. Telephone (\_\_\_\_\_) \_\_\_\_\_ E. Parish in LA \_\_\_\_\_

- 5. A. Address for receiving tax forms and correspondence (if same as location, write "Same")  
\_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

- 6. A. Contact Person \_\_\_\_\_ B. Contact phone number (\_\_\_\_\_) \_\_\_\_\_
- C. Fax number \_\_\_\_\_ D. E-mail \_\_\_\_\_ E. Web \_\_\_\_\_
- F. Location of accounting records \_\_\_\_\_

- 7. Type of organization A.  Individual B.  Partnership C.  Corporation D.  LLC E.  LLP
- F.  Governmental G.  Non-profit H.  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: Name, physical address and phone #: \_\_\_\_\_

- 11. A. First date sales will be made from this location \_\_\_\_\_ started operations \_\_\_\_\_

- 12. A. Nature of Business  Retail Sales  Repair Service  Retail Service  Wholesale
- Manufacturing/Fabricating  Contractor  Other
- B. Describe in detail your business: type of sales, activity, or service you perform \_\_\_\_\_

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

Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within the 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 \_\_\_\_\_

No. Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

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- 14. Where do you anticipate your taxable transactions to occur? Check box(s):
- Parish Wide  State Wide  Other