St. Martin Parish Sales Tax Application

P. O. Box 1000, Breaux Bridge, LA 70517 (337) 332-2105, ext 4953 Date of Application _____

Reason for applying
A. ☐ Started new business
B. ☐ Purchased going business
C. ☐ Change of name
D. ☐ Opening additional location
E. ☐ Merger_____
F. ☐ Other _____

Name of previous owner _____
Trade Name of previous owner _____
Parish Account Number

A. Trade name of business: _____
Legal name: _____ (Individual, Partners, or Corporation)
Telephone: ( ) _____ Ext. _____
Fax Number: ( ) _____
Business physical address: _____
(Street, route, or highway - not P.O. Box or General Delivery)
City and state _____ Zip _____
Address for receiving tax forms and correspondence _____
(If same as location, write "Same")
City and state _____ Zip _____
E-mail address: _____
Web Site Address _____
First date sales will be made in this parish _____ (mmddyyyy)
Requested Reporting Status: ☐ Monthly ☐ Quarterly ☐ Occasional/Irregular ☐ Annual

Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a 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 bases or (2) business that performs services that are not taxable.

Federal Standard Industrial Code ☐☐☐☐☐☐ (If unknown, please leave blank)
Parish in Louisiana _____
Federal identification number ☐☐☐☐☐☐☐☐☐ Appied for ☐ None ☐
How many other locations in this parish?

B. LA Sales Tax Number _____
Contact Person _____ Contact Phone Number ( ) _____
Contact Fax Number ( ) _____ Contact E-mail _____
Contact Web Site _____
Location of Accounting Records:

C. Type of organization:
A. ☐ Individual B. ☐ Partnership C. ☐ S Corp D. ☐ LLC
E. ☐ LLP F. ☐ Governmental G. ☐ Non-Profit H. ☐ Other:

D. Nature of Business:
☐ Retail Sales ☐ Repair Service ☐ Retail Service ☐ Wholesale
☐ Manufacturing/Fabricating ☐ Contractor ☐ Other _____

Describe in detail your business: type of sales, activity, or services you perform -

_____
_____
_____

Where do you anticipate your taxable transactions to occur? ☐ Parish wide ☐ State wide ☐ Other

E. If sole owner (individual): Name _____ SSN ☐☐☐☐☐☐☐☐☐
Home address: _____ Telephone ( ) _____
Agent for service of process: _____
Address: _____ Telephone ( ) _____

F. If Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number of officers, members, managers, or partners;
Name: _____ SSN: _____
Title: _____ Telephone: ( ) _____
Home Address: _____
Name: _____ SSN: _____
Title: _____ Telephone: ( ) _____
Home Address:

I affirm that the information given on this application is true and correct.	Signature of applicant	Title
	Signature of preparer	Date