

APPLICATION FOR

**IBERVILLE PARISH
SALES TAX**

Registration Certificate

To the
DIRECTOR OF SALES TAX
P. O. Box 355
Plaquemine, LA 70765-0355

For Director's Use

Date Received

Date Certificate Issued

Clerk

Retain Yellow Copy for Your files and mail original to the Director of Sales Tax, Plaquemine, Louisiana.

1. Name under which business is to be conducted _____ Ward _____
PRINT-Do not write

2. Owner _____
PRINT-Name of owner if different from name on line one

3. Location of business _____
Street and Number City or Town Parish

4. Mailing address (if different) _____
P. O. Box or Street No. City or Town Parish

5. Nature of business _____
State whether grocery, dry goods, hardware, department store, mfg. wholesale, hotel, tourist court, parking lot, printing, laundry, dry cleaning, repairs, amusements, storage, etc.

6. Type of ownership _____
State whether individual, proprietor, co-partnership or corporation.

7. Names of all partners or principal officers if a corporation _____

8. How many places of business do you operate within the Parish of Iberville _____
If you operate more than one place of business, separate and complete registration must be made for each location.
If you prefer to file a Consolidated Tax return, it must be supported by separate returns for each location.

9. What sales records do you keep _____

10. Date started, or to start in Iberville Parish _____

11. Applicant's S.S.# _____ Sign here _____

Phone No. _____ By _____
Applicant's Full Name (Please Print)

Owner, Partner, President, etc.

Driver's License # _____

WARD	CLASSIFICATION	NUMBER