

PARISH WIDE SALES AND USE TAX
REGISTRATION FORM FOR USE IN ALL
CITIES AND UNINCORPORATED AREAS OF
ST. TAMMANY PARISH

SHERIFF'S OFFICE

PLEASE COMPLETE AND RETURN TO:
ST. TAMMANY PARISH
SALES & USE TAX DEPARTMENT
P. O. BOX 1229
SLIDELL, LA 70459
(MAILING ADDRESS IS FOR REGISTRATION APPLICATION INFORMATION ONLY)
(985) 726-7777; (985) 726-7767 Fax

For Sheriff's Office Use Only

Parish Sales Tax Number: _____ Date of Issue: _____

LA Sales Tax#: _____ Federal Tax ID#: _____ Federal Standard Industrial Code: _____

Trade Name on Signs/Advertising: _____

Legal Name (your name/corporate name): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Are you inside city limits? Yes _____ No _____ If inside List City: _____

Do you have in-store sales, delivery sales, or sales on the internet or a combination (be specific)? _____

Physical Address: _____

Shopping Center: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____ Ward Number: _____

Open Date of Business/ Date Began Sales in St. Tammany Parish: _____ / _____ / _____

A SEPARATE CERTIFICATE IS REQUIRED FOR EACH LOCATION OF YOUR BUSINESS

If any corporation fails to remit the sales and use taxes collected from purchasers or consumers, the Collector is authorized to hold those officers or directors personally liable for the total amount of such taxes, together with any interest, penalties, and fees accruing thereon. Collection of the total amount due may be made from any one or any combination of such officers or directors. A corporation by resolution of the board of directors may designate an officer or director having direct control or supervision of such taxes, and such resolution shall be filed with the Clerk of Court for the Twenty-Second Judicial District of Louisiana. If corporation or partnership Name, Title, Social Security Number, Resident Address, and Phone # of Officers, Directors or Partners.

Owner's Name: _____ Social Security Number: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

OFFICERS: (NO P.O. BOXES MAY BE USED FOR THE ADDRESS)

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Agent's/Contact's Name: _____ Phone: _____

Address, City, State, Zip Code: _____

Location of Accounting Records: _____

Detailed Description of Nature of Business: _____

If an individual is an applicant for a certificate required by this Ordinance, the application must be signed by him; if a partnership or an association of persons, by a member of the firm; and if a corporation, by the proper officer thereof. Any intentional false statement as to any material facts in the application for a certificate shall constitute a misdemeanor.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINT OR TYPE APPLICANT'S NAME AND TITLE: _____