

CITY OF BAKER
P.O. Box 707
Baker, LA 70714

FOR OFFICE USE ONLY

1. Date of Application
Month Day Year

APPLICATION FOR AND/OR REQUEST FOR

(Check one or more squares)

FOR OFFICE USE ONLY

[]

C.R.N.

[]

2. A. Sales Tax Certificate
B. Occupational License Tax _____
 New Business
 Renewal _____
Previous Year License No. _____

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3. Class _____
(OLT)
4. SIC _____
(Sales)

5. Federal Employer ID Number None
6. LA Sales Tax Number None
7. Local Sales Tax Number None

8. A. Taxpayer Name
B. Area Code-Phone Number

C. Trade Name

D. Mail Address
E. City, State, Zip Code

F. Location-Street, City, State, Zip Code
G. Parish Location

9. Type of Organization A. Individual B. Partnership C. Corporation D. Governmental E. Non-Profit F. Other (Spec

10. If corporation or partnership Name, Title, Soc. Sec. No., Resident Address and Phone of Officers or Partners.

Name	Title	SSN	Phone-
Resident Address			
Name	Title	SSN	Phone-
Resident Address			
Name	Title	SSN	Phone-
Resident Address			

11. If Sole Owner (individual) Name
Resident Address
SSN
Phone-

12. Ending Month of Accounting (Fiscal Year)
13. Name and Address of Agent for Service of Process
14. Location of Accounting Records Are Maintained-Check One as Noted in Item 8 (If other, show other street, address, city & state)
 D F address, city & state

15. If Corporation, State of Incorporation
16. Reason for Applying
A. Started New Business C. Other (specify)
B. Purchased Going Business—Name of previous Owner

17. Date Business Started/ Acquired at THIS LOCATION
Month Day Year
18. Have you registered with the Secretary of State for Louisiana as a foreign corporation?
 Yes No
19. Excluding This One How Many Other Business Locations Do You Have in This Parish or Municipality? []

20. Nature of Business
Description of Sales or Activity

If applying for Occupational License complete Schedule A (reverse side).
I affirm that the information given on this application and attached schedules is true and correct
Signature of Applicant
Signature of Preparer If different from above
Title

OCCUPATIONAL LICENSE SCHEDULE "A"

Refer to instructions to determine base and rate (fee) to be used in lines 21 thru 31

Class of License being applied for _____
 License Year _____ Open Date for This License _____

COMPLETE ONLY ONE OF 21 THRU 25

21. BUSINESS OPENED DURING THE PREVIOUS CALENDAR YEAR

Gross sales for remainder of calendar year \$ _____
 Less: Deductions (describe) _____
 operation of \$ _____ equals _____ days equal \$ _____ which divided by number of days in
 of \$ _____ days equal \$ _____ which multiplied by 365 amounts to a taxable sales

22. BUSINESS OPENED LESS THAN 30 DAYS

Tax due will be the minimum of applicable rate table.

23. BUSINESS OPENED MORE THAN 30 DAYS

Gross sales for first 30 days \$ _____
 Less: Deductions (describe) _____
 \$ _____ equals \$ _____ which multiplied by a number of months, or major
 fraction thereof, remaining in year, _____ months amounts to a taxable sales of \$ _____

24. BUSINESS OPENED BETWEEN DECEMBER 2 AND DECEMBER 31

Gross receipts for remainder of calendar year \$ _____

25. BUSINESS OPENED ON OR PRIOR TO JANUARY 1 OF THE PREVIOUS YEAR

Gross sales \$ _____
 Less: Deductions (describe) _____
 \$ _____ equals taxable gross of \$ _____

26. LICENSE FEE/RATE DUE BASED ON TABLE _____ \$ _____

27. To be used by those occupations paying fee based on units, indicate numbers of seats, spaces, pool tables, etc.

Item	Number	Fee	Total For This Item

Total \$ _____

28. Amount of tax due (Lines 26 & 27) \$ _____

29. Interest \$ _____

30. Penalty \$ _____

31. Total Amount Due Remit This Amount ▶ \$ _____