CITY OF BAKER P.O. Box 707 Baker, LA 70714	1. Date of Application					
APPLICATION FOR AN 2. A. Sales Tax B. Occupatio	ID/OR REQUEST Certificate onal License Business	onth	Day	Year		
3. Federal Employer ID Number	4. LA Sales Tax Number					
5. <u>Licensee Information:</u> (a.)Taxpayer Name		(b.)Phor	ne Number			
(c.)Trade Name						
(d.)Mail Address (Street, City, State, Zip Code)						
(e.)Physical Location (Street, City, State, Zip Code)			(f.)Parish	Location		
6. Type of Organization: Individual Partnership Corporation Government Non-Profit Other						
7. <u>If Corporation or Partnership:</u> Name -President						
Resident Address		Phone	Number			
Name – Manager or Primary Contact						
Resident Address		Phone	Number			
8. <u>If Sole Owner (individual):</u> Name						
Resident Address		Phone	Number			
9. Ending Month of Record Accounting (Fiscal Year)						
10. Reason for applying: Start New Business Annual Renewal Other (specify)						
Purchased Going Business (Name of previous owner)						
11. Date Business Started/Acquired at this location: Month Day Year	12. Have you registered with the Secretary of State of Louisiana as a foreign corporation? ☐ Yes ☐ No					
13. Excluding this one, how many other business locations do you have in this Parish or Municipality?						
14. If applying for a new business, please provide a DETAILED BUSINESS PLAN with this application; must describe the nature and purpose of the business and where it will be physically located within the city.						

I affirm that the information	Signature of Applicant	Title
given on this application and		
attached schedules is true	Signature of Preparer	
and correct	If different from above	

IF APPLYING FOR OCCUPATIONAL LICENSE RENEWAL COMPLETE SCHEDULE A

OCCUPATIONAL LICENSE SCHEDULE A

Refer to instructions to determine base rate (fee) to be used in lines 15 thru 22.

COMPLETE ONLY **ONE** OF THE FOLLOWING:

15. BUSINESS OPENED DURING THE PREVIOUS CALENDAR YEAR

Gross sales for period from inception to 12/31: <u>\$</u>_____

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

Gross sales for period 1/1 to 12/31: <u>\$______</u>_____

 17. LICENSE FEE/RATE DUE BASED ON TABLE
 \$______

18. License fee/rate based on units or flat rate

Item	Number	Fee	Total For this Item
EX. HOTEL/MOTEL	50 ROOMS	\$2.00/ROOM	\$100

Total:	<u>\$</u>
19. Amount of tax due	\$
20. Interest (1.25% monthly interest)	\$
21 . Penalty (5% penalty)	\$
22. Total Amount Due Remit this amount:	\$

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF BAKER" AND REMIT TO ADDRESS ON PAGE 1 TO THE ATTENTION OF FINANCE - LICENSING.