

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

1. Date of Application

Month	Day	Year

**APPLICATION FOR AND/OR REQUEST**

2. A.  Sales Tax Certificate  
B.  Occupational License  
 New Business  
 Renewal \_\_\_\_\_  
(License Number)

3. Federal Employer ID Number

--	--	--	--	--	--	--	--	--	--

4. LA Sales Tax Number

--	--	--	--	--	--	--	--	--	--

5. Licensee Information:

(a.) Taxpayer Name

(b.) Phone 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. If Corporation or Partnership:**

Name - President

Resident Address

Phone Number

Name - Manager or Primary Contact

Resident Address

Phone Number

**8. If Sole Owner (individual):**

Name

Resident Address

Phone Number

9. Ending Month of Record Accounting (Fiscal Year)

**Email:**

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 given on this application and attached schedules is true and correct	<b>Signature of Applicant</b>	<b>Title</b>
	<b>Signature of Preparer If different from above</b>	