



TOWN OF SIMMESPORT

P.O. Box 145
Simmesport, LA 71369
(318) 941-2493
www.simmesportla.com

FOR OFFICE USE ONLY

1. Date of Application

Month Day Year

APPLICATION FOR AND/OR REQUEST FOR

(Check one or more squares)

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

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3. Class (QLT)

4. SIC (Sales)

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Empty box for office use

C.R.N.

Empty box for C.R.N.

5. Federal Employer ID Number, 6. LA Sales Tax Number, 7. Local Sales Tax Number

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(Specify)

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

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

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

17. Date Business Started: Acquired at THIS LOCATION, 18. Have you registered with the Secretary of State for Louisiana as a foreign corporation?, 19. Excluding This One, How Many Other Businesses Locations Do You Have In This Parish or Municipality?

17. Nature of Business, Description of Sales or Activity

If applying for Occupational License complete Schedule A (next page). If transferring License complete only Line 32 on next page. I affirm that the information given on this application and attached schedules is true and correct. Signature of Applicant, Signature of Preparer, 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 CALENDER YEAR
 Gross sales for the remainder of calendar year \$ _____
 Less deductions (describe) _____
 ▶ \$ _____ equals ▶ \$ _____ which divided by number of days in operation ▶ _____ days
 equal \$ _____ which multiplied by 365 amounts to a taxable sales of ▶ \$ _____

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 the past 30 days \$ _____
 Less deductions (describe) _____
 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 the remainder of calendar year \$ _____

25. BUSINESS OPENED PRIOR TO JANUARY 1 OF THE PREVIOUS YEAR
 Gross sales \$ _____
 Less deductions (describe) _____
 ▶ \$ _____ equals taxable gross of ▶ \$ _____

26. LICENSE FEE 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 ▶ \$ _____