JOSEPH P. LOPINTO, III

Sheriff and Ex-Officio Tax Collector Parish of Jefferson



Jefferson Parish Sheriff's Office Bureau of Revenue and Taxation P.O. Box 248

Gretna, LA 70054-0248 Voice: (504) 376-2459 Fax: (504) 376-2469



Date of application				<u> </u>							
			A. Sales/Use Tax C. Chain Store Tax			Occupational License Tax General Registration					
B. Purc				arted new business C. Other (specify): urchased ongoing business: Name of previous of Yes No If yes, list below the business			us owner: iness nam	ne.			
Business name:						If clo	osed, ente	er date closed:	/	/_	
Federal Employer ID Number None			е	5. LA Sales Tax Numb	er	None	6. Loca	l Tax Number		None	
7. A. Taxpayer Name/Co B. Trade name of busi								Telephone: (_)		
8. A. Business address (I				State:				Zip Code:			
B. Address for receivin City: C. Website:				State: D. Loc	cation of a	accounting records:	Check or		- 8 A	8 B	
9. Type of organization:		Sole Pro Govern		Partnership Nonprofit (IRS	Ruling mu	Corporation st be attached)		C LLP er:		_P	
If sole owner/individu (Attach copy of valid pho Home address: City:	oto I.D.)							Last 4-Digits of SS Telephone: (Zip Code:)		
partnership: name, title, Social Security Number, home address and telephone number of officers, members, managers or partners, attach additional sheets if necessary to complete this		Name: Address: Name: Address: Name: Address:			Title: Title:			Last 4-Digits of SSN: xxx-xx- Telephone: () Last 4-Digits of SSN: xxx-xx- Telephone: () Last 4-Digits of SSN: xxx-xx- Telephone: ()			
12. Tax Contact Person: Telephone: ()				Email address:				Title:			
13. Agent for service of process: Name: Physical Address: City: State:								Telephone: (*		
14. Date business started/acquired at this location: //				15. Number of other business locations in Jefferson Parish?			16. Nu	Zip Code:			
17. A. Description of bus	iness activit	y:					1				<u> </u>
B. NAICS Code:			C. Food	/Beverage Sales: Yes	s No	D. Firearm Sales:	Yes	No E. Tobacco	Products:	Yes	No
I affirm that the Information given on this application is true and correct.		e of applicant:e						Title:			

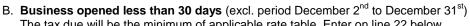
OCCUPATIONAL LICENSE SCHEDULE "A"

Check and complete only one of 18 through 21

18. Business opened within prior 30 days

A. Business opened between December 2nd and December 31st

Gross receipts for the remainder of calendar year: \$___ Locate tax due from application rate table and enter on line 22 below.





The tax due will	be the minimum of applicable ra	te table. Enter on line 22 below.							
19. Business opened more than 30 days Gross receipts for first 30 days: \$ Less deductions (describe): \$ equals \$ multiplied by the number of months, or major fraction thereof, remaining in the year amount to a tax basis of \$ Locate tax due from applicable rate table and enter on line 22 below.									
Gross sales for remain Less deductions (desc divided by the number	ring previous calendar year der of calendar year: \$ ribe): of days in operation who policable rate table and enter on	\$ nich multiplied by 365 amounts t	equals \$ which a tax basis of \$	1					
Gross sales for the cal Less deductions (desc	or prior to January 1 st of the p endar year: \$ ribe): oplicable rate table and enter on	\$	equals a tax basis of \$						
22. LICENSE FEE/RATE BASED	ON TABLE #		\$						
23. To be used by those occupa	ations paying a fee based on u	nits, indicate number of seats	, spaces, pool tables, etc.						
Item	Number	Fee Per Item	Total For This Item						
		TOTAL BASED ON UN	TS\$						
24. Chain store tax due (as calc	ulated from chain store tax sched		\$						
25. Amount of tax due (add lines	s 22, 23, and 24)		\$\$						
		\$							
	\$								
28. Total amount due			\$						
	FOR O	FFICE USE ONLY							
If located in unincorporated Jeff	Account #:								
In compliance with trade name	recordation requirement? Yes	S No (If no, amend trade name ac	cordingly) License Yr.:						
This business will be coded for Sales/Use Tax	or the following: Hotel/Motel Tax		License Code:						
Food/Drug Tax Alcohol Beverage Permit	Occupational License Tax Chain Store Tax		Delq. Date:						
Occupancy Tax	Other:		•	Record Type:					
Account Classification:	Vehicles for Hire	Tomporary Vandar							
Regular Non-Profit	Other Exempt:	Temporary Vendor		NAICS Code:					
			Registration Method:						
Processed By:		Reviewed By:							