

Application for Louisiana Revenue Account Number

P.O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7318

For	office	use	only.

Date of application					
1.		A. Sales/ Use General Business Statewide Hotel/Mote Jefferson Parish Hotel Orleans Parish Hotel Orleans Parish Resta N.O. Airport Food Est	Motel ☐ Taxpayer Only urant ☐ Producer Only		
2.	F	11,7	Started new business C. Other (specify) Purchased ongoing business: Name of previous owner		
3.	[Indicate the account number yo LA Corp. Tax Number None LA Withholding Tax Number None			
4.	l	A. Legal name(s)			
	E	B. Trade name of business _	Telephone		
5.	/	A. Business location address	NO P.O. Box or General Delivery)		
	Е	B. City and state	C. ZIP		
6.	ļ	 A. Address for receiving tax for 	rms and correspondence (If same location, write "same".)		
	E	B	C D E. ☐ Additional mailing address(es) attached		
7.	-	Type of organization: A. Indivi	ZIP Telephone address(es) attached		
8.		U.S. NAICS Code			
	((required)	ID Number '		
10.			SSN SSN Telephone		
	t t	If corporation or partnership: name, ititle, Social Security Number, home address, and telephone number of officers or partners	Title		
12.	. /	A. Louisiana Charter Number	if known) B. State of incorporation (if not Louisiana)		
	. F	Permits -Sellers of liquor, beer, on A permit from the Louisiana State games. Indicate permit number A. Lottery Permit Number	or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. e Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker		
1/		A Corporation Income/Eronobic	Mo. Day Yr. Domestic Foreign Fiscal Month		
	14. A. Corporation Income/Franchise: Date charter filed with Louisiana Secretary of State B. C. 15. Sales or Use Tax: Date business begins operation from this location C.				
	6. Withholding Tax: (See instructions.) Select filing frequency. □ quarterly □ monthly □ semi-monthly				
	17. Severance Tax: Select filing frequency. □ quarterly □ monthly □ 45-day				
		Description of business:			
		firm that the information	Signature of applicant		
given on this application is true		n on this application is true	Signature of applicant Title Signature of preparer Date		

