

APPLICATION FOR OCCUPATIONAL LICENSE AND SALES TAX REGISTRATION

City of Baton Rouge - Parish of East Baton Rouge  
Department of Finance - Revenue Division  
P. O. Box 2590  
Baton Rouge, LA 70821-2590  
Phone: (225) 389-3084 Fax: (225) 389-5369

OLT Registration Fee: \$50.00 for businesses that open January 1 - June 30. \$25.00 for businesses that open July 1 - December 31.

PLEASE PRINT WHEN COMPLETING THIS FORM AND USE INK

If your business is located in the City limits of Baton Rouge or the Unincorporated Parish of East Baton Rouge, you must purchase an occupational license.

My Business is Located in: [ ] City Limits of Baton Rouge [ ] City Limits of Central  
[ ] Unincorporated Parish of East Baton Rouge [ ] City Limits of Baker  
[ ] City Limits of Zachary [ ] Out-of-town (No License Required)  
(Does Not Apply to Contractors)

[ ] If this is a new business, check the block and enter the opening date in E.B.R.P.: / /  
Year Month Day

Have you ever registered with this office? [ ] Yes [ ] No Did you purchase an existing business? [ ] Yes [ ] No

\*\*\*\*If yes to either, please furnish this information:

Former Owner: Former Business Name:

Registration #: Closed Business: / /  
Year Month Day

1. BUSINESS NAME, ADDRESS, PHONE (All applicants must attach a copy of their drivers' license.)

Business "Trade" Name: (everyday name)  
Mailing Address:

Business Phone: City State Zip Code  
( )

2. LOCATION OF YOUR BUSINESS (Please do not use your P.O. Box as the location of your business.)

Location Zip Code: -  
City/State:  
Street Number:  
Street Name:

IDENTIFY BUSINESS ACTIVITY (Or Type of Business/Service/Occupation)

FOR OFFICE USE ONLY

Distribution Area: Prefix Code: License Tax Due: \$ Total Amount Paid: \$ Security Deposit Due? [ ] Yes [ ] No Amount: \$ If a sales tax registration or occupational license is not needed, please explain below: THIS BUSINESS WILL BE ACTIVATED FOR THE FOLLOWING CLASSES:

[ ] Sales/Use Tax [ ] Occupational License - Reg.  
[ ] Hotel/Motel Tax [ ] Occupational License - Rooms  
[ ] Insurance Premium Tax [ ] Alcohol Beverage Control  
[ ] Clear [ ] Delinquent

REGISTRATION/LICENSE/ACCOUNT # - - Initial

3. FOR OCCUPATIONAL LICENSE ONLY:

If Business Operated During Entire Previous Year, Enter Your Gross Sales or Receipts for the Preceding Year \$ License for Year

If Business Commenced During the Previous Year, Enter Date Business Commenced Registration Date

Gross Sales for the Remainder of the Calendar Year: \$  
Divided by the Number of Days Left in the Year Equals: \$  
Which Multiplied by 365 Amounts to: \$  
Base Tax: \$  
Penalty: \$  
Interest: \$  
Total Due: \$

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4. SOLE PROPRIETOR (Please attach photo identification)

Owner Name: \_\_\_\_\_  
(Last) (First)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code - \_\_\_\_\_

Phone Number: ( ) Social Security No.: \_\_\_\_\_

5. CORPORATIONS, LIMITED LIABILITY, AND LIMITED PARTNERSHIPS (For incorporated and limited partnerships only. If incorporated, attach a copy of your State Charter Certificate. Please attach a separate page listing of all officers and partners with this corporation.)

Legal Name: \_\_\_\_\_  
First Name (If other than the corporation) Last Name

Trade Name: \_\_\_\_\_

Agent of Record: \_\_\_\_\_  
(First) ( Last)

Service Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code - \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

State of Record: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ CORP - Corporation GOVT - Government LTDP - Limited Partnership NONP - Non-Profit  
PTNR - Partnership OWNR - Sole Proprietorship UNKN - unknown LLC - Limited Liability Co.

Date of Organization: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Louisiana Tax ID#: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Owner, Agent, Officer Title Date

FOR OFFICE USE ONLY					
7. ACCOUNT STATUS		TAX CODE	FILING FREQ.	MAIL RETURNS	
Business Code:	_____	Tax Types:	____	____	____
Registration Type:	_____	Termination Type:	____	____	____
Registration Method:	_____	Stopped Operating:	____	____	____
Special Access:	_____ (Liquor License)		____	____	____
Transferred From:	_____ (Account Number)		____	____	____
Transferred To:	_____	PROCESSED BY:	_____	_____	
		Revenue Agent		Date	
		KEYPUNCHED BY:	_____	_____	
		Revenue Agent		Date	
		VERIFIED BY:	_____	_____	
		Revenue Agent		Date	