

GERALD A. TURLICH, JR.

**Sheriff and Ex-Officio Tax Collector
Parish of Plaquemines**



Plaquemines Parish Sheriff's Office
Tax Office
8022 Highway 23
Belle Chasse, LA 70037
Phone: (504) 934-6892
Fax: (504) 433-4456

1. Date of application _____/_____/_____

District # _____

2. Application For: A. Occupational License Tax - \$5.00 B. Wholesale License Tax - \$12.50
C. Contractor License Tax - \$12.50

Sales Tax
Clearance Certificate Attached

3. Reason for applying: A. Started new business B. Purchased ongoing business: If yes, list the business name below.

Business name: _____ Name of previous owner: _____

4. Federal Employer ID Number None
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5. LA Sales Tax Number None
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6. Local Tax Number None
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7. A. Taxpayer Name/Corporate Name: _____

B. Trade name of business: _____ Telephone: (_____) _____

8. A. Business address (NO P.O. Box or General Delivery): _____ Business Phone: (_____) _____
City: _____ State: _____ Zip Code: _____-

B. Address for receiving tax forms/correspondence: _____
City: _____ State: _____ Zip Code: _____-

C. Website: _____ D. Email Address: _____

E. Is Business address owned by applicant Yes No (IF NOT, ATTACH A COPY OF LEASE AGREEMENT FOR ADDRESS)

Property Owner's Name: _____ Property Owner's Telephone Number: (_____) _____

9. Type of organization: Sole Proprietor Partnership Corporation LLC LLP LP
 Governmental Nonprofit (IRS Ruling must be attached) Other: _____

10. If sole owner/individual: Name: _____ Last 4-Digits of SSN: xxx-xx-_____
(Attach copy of valid photo I.D.)

Home address: _____ Telephone: (_____) _____

City: _____ State: _____ Zip Code: _____-

11. If corporation, LLC, LLP, LP or 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 information.	Name: _____ Title: _____	Last 4-Digits of SSN: xxx-xx-_____ Telephone: (_____) _____
	Address: _____	
	Name: _____ Title: _____	Last 4-Digits of SSN: xxx-xx-_____ Telephone: (_____) _____
	Address: _____	
	Name: _____ Title: _____	Last 4-Digits of SSN: xxx-xx-_____ Telephone: (_____) _____
	Address: _____	

12. Date business started/acquired at this location: _____/_____/_____

13. Number of other business locations in Plaquemines Parish? _____

14. Number of employees: _____
Hours of Operation: _____

15. A. Description of business activity _____

B. NAICS Code: _____ C. Food/Beverage Sales: Yes No D. Firearm Sales: Yes No E. Tobacco Products: Yes No

I affirm that the information given on this application is true and correct.	Signature of applicant: _____ Title: _____
	Signature of preparer: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NOTICE: APPROVAL OF THIS APPLICATION IS NOT AUTHORIZATION TO START A BUSINESS WITHOUT FIRST OBTAINING ALL NECESSARY FEDERAL, STATE AND PARISH PERMITS. THIS IS ONLY AN OCCUPATIONAL LICENSE APPLICATION. OTHER FEDERAL, STATE AND PARISH LAWS MUST BE COMPLIED WITH AND NECESSARY APPLICATION MUST BE MADE FOR SUCH CERTIFICATION OF COMPLIANCE.

PLEASE INCLUDE: Application fee by check or money order payable to Plaquemines Parish Sheriff's Office. A Plaquemines Parish Sales Tax Clearance Certificate. (Otherwise application will not be considered)

*****Certificate can be obtained from the Sales Tax Office at 333 F. Edward Hebert Blvd. Bldg. 102 Suite 345 (504-934-6440) for a fee of \$10.00**