

**OCCUPATIONAL LICENSE APPLICATION
 ASCENSION PARISH SALES TAX AUTHORITY
 COLLECTOR OF OCCUPATIONAL LICENSE TAX FOR
 PARISH OF ASCENSION**

**MAIL ORIGINAL AND
 REMITTANCE TO:
 Post Office Box 1718
 Gonzales, LA 70707**

Gonzales, LA (225) 621-2635
 Fax (225) 621-2644
 Donaldsonville, LA (225) 473-8630

AREA CODE/
 PHONE # _____

TRADE NAME _____

OWNER NAME _____

ASCENSION PARISH SALES
 TAX ACCOUNT NO. _____

MAIL ADDRESS _____

LOCATION _____

TYPE OF ORGANIZATION: Individual Partnership Corporation Governmental Non-Profit Other

Class of license being applied for _____ License Year _____

Open Date for this License _____ Prior Year Ascension Parish License No. _____

Description of sales or activity: _____

COMPLETE ONLY ONE OF 1 THRU 8 AND BASE LICENSE FEE ON APPLICATION TABLE.
 SEE REVERSE SIDE FOR FILING INSTRUCTIONS, TABLES, AND DEDUCTIONS (IF APPLICABLE).

1. BUSINESS OPENED ON OR PRIOR TO JANUARY 1 OF PREVIOUS YEAR
 Gross sales or receipts \$ _____, Less; Deductions (Describe) _____,
 \$ _____ equals taxable gross of \$ _____.

2. BUSINESS OPENED DURING THE PREVIOUS CALENDAR YEAR
 Gross sales or receipts \$ _____, Less; Deductions (Describe) _____,
 \$ _____ equals \$ _____ which divided by number of days in operation _____
 equals \$ _____ which multiplied by 365 amounts to a taxable sale of \$ _____

3. BUSINESS OPENED LESS THAN 30 DAYS
 Said business in new, having commenced or will commence on _____.
 Tax will be minimum of applicable rate table.

4. BUSINESS OPENED MORE THAN 30 DAYS
 Gross sales or receipts for first 30 days \$ _____, Less; Deductions (Describe) _____
 \$ _____ equals \$ _____ which multiplied by number of months, or major
 faction thereof remaining in year amounts to a taxable sale of \$ _____.

5. BUSINESS OPENED BETWEEN DECEMBER 2 AND DECEMBER 31
 Gross sales or receipts for remainder of calendar year \$ _____, Less; Deductions (Describe) _____
 _____, \$ _____ equals \$ _____.

6. HOTEL, MOTEL, TOURIST COURT, ROOMING HOUSE
 Number of sleeping rooms _____ @ \$2.00 each \$ _____
 (additional license required for restaurants and lounges)

7. NURSING HOMES
 Number of sleeping rooms _____ @ \$2.00 each \$ _____
 Plus applicable tax based on 1/3 gross receipts using Table 1. \$ _____

8. FLAT FEES (see reverse side)
 Number of each _____ applicable rate _____ = \$ _____

9. LICENSE FEE _____

(From Table # _____)

PENALTY _____

INTEREST _____

TOTAL DUE _____

ALL RENEWAL APPLICATIONS ARE
 DUE JANUARY 1 AND BECOME
 DELINQUENT MARCH 1st. LICENSES
 NOT PAID BEFORE THE
 DELINQUENT DATE BEAR
 INTEREST AND PENALTY AS
 FOLLOWS:

A. PENALTY - 5% FOR EACH 30
 DAYS OR FRACTION THEREOF.

B. INTEREST - 15% PER YEAR

LICENSE WILL BE ISSUED ONLY UPON RECEIPT OF COMPLETED APPLICATION
Acknowledgement of Other Regulatory Rules for Ascension Parish

Completion of this application and the payment of the proposed tax for issuance of an occupational
 license do not create any vested right to open or operate any business in the Parish of Ascension.
 Applicant herein may be affected by the Ascension Parish subdivision regulations, zoning laws,
 building codes, alcohol or other types of regulatory rules that may impact or prevent operation of this
 particular business. Applicant acknowledges that additional permits or compliance with other regulatory
 rules may be required to operate this particular business.

Please initial
 to accept

This is to affirm the statements made herein are correct.

Signature of Owner or Authorized Agent _____

