

**Application for
Livingston Parish School Board Sales & Use Tax
Registration Certificate**

Federal Employer ID Number	LA Sales Tax Number	Local Sales Tax Number Issued
Taxpayer Name		Phone Number
Trade Name		Email Address
Mail Address		City, State, Zip Code
Location - Street, City, State, Zip Code		In City Limits
		Parish Location
Type of Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Non Profit <input type="checkbox"/> Other (Specify): _____		
Please fill out below. If Corporation or Partnership, Include Officers or Partners.		
Name	Title	Social Security Number
Resident Address		Phone Number
Name	Title	Social Security Number
Resident Address		Phone Number
Name	Title	Social Security Number
Resident Address		Phone Number
Date Business Started/Acquired at THIS LOCATION:	Name and Address of Agent for Service of Process:	Location of Accounting Records:
If Corporation, State of Incorporation	Reason for Applying: <input type="checkbox"/> Started New Business <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Purchased Going Business <i>Name of Previous Owner:</i> _____	

What is the Nature of this Business? Describe your Sales or Activity: _____

I affirm that the information given on this application and attached schedule is true and correct.

Signature: _____ Title: _____ Date: _____

Please Mail the Original to:
LIVINGSTON PARISH SCHOOL BOARD
 Sales and Use Tax Division
 P.O. Box 1030
 Livingston, LA 70754