Webster Parish Sales & Use Tax Commission

www.websterslestax.org

REGISTRATION CERTIFICATE APPLICATION

1128 Homer Road ❖ P.O. Box 357 ❖ Minden, LA 71058-0357 ❖ Phone (318) 377-8948 ❖ Fax (318) 377-4089 ❖ Email: wpstax@websterslestax.org

For: Webster Parish School Board | Webster Parish Law Enforcement | Webster Parish Police Jury | Town of Sibley | Town of Cotton Valley | City of Minden | City of Springhill | Town of Cullen | Town of Sarepta | Village of Dixie Inn

DO NOT WRITE IN THIS SPACE

1. Date of Application Month/Day/Year

2. LA Sales Tax Number ☐ None

FOR OFFICE USE ONLY

Date Issued _____

No. Issued _____

APPLY ONLINE AT LAOTA.COM

3. Reason for Applying A. ☐ Started New Business ☐ Other (Specify):
B. ☐ Purchased Going Business: Name of Previous Owner:

4. A. Business Name as it Appears to the Public (DBA)

B. Business Name if Other Than Above (Legal Name)

C. Legal Name(s) of Owner(s) D. E-mail Address

E. Parish In Which Business is Located F. Business Phone Number ( ) G. Business Fax Number ( )

5. A. Business Location Address (Street, Road, or Highway) NOT P.O. Box or Gen. Del. Inside - Outside City Limits (Circle One)

B. City and State C. Zip Code

6. A. Address for Receiving Tax Forms and Correspondence (If Same as Location, Write "Same")

B. City and State C. Zip Code

7. Type of Organization: A. ☐ Individual B. ☐ Partnership C. ☐ Corporation D. ☐ Governmental E. ☐ Non-Profit F. ☐ Other

8. Federal Standard Industrial Code If Known

9. Federal Employer ID Number None ☐

10. If Sole Owner (Individual): Name SSN

Home Address Phone ( )

11. If Corporation or Partnership: Name Title, Soc. Sec. No. Home Address and Phone No. of Officers or Partners

Name	Title	SSN
Address		Phone ( )
Name	Title	SSN
Address		Phone ( )
Name	Title	SSN
Address		Phone ( )

12. State of Incorporation if not Louisiana

13. Describe in detail your business: type of sales, activity or service you perform:

14. First Date Sales Will Be Made From This Location: Month Day Year

I AGREE TO NOTIFY THE SALES TAX OFFICE WHEN ANY OF THIS INFORMATION CHANGES

IMPORTANT, PLEASE READ CAREFULLY

I understand that giving false or fraudulent information of this application is a violation of state tax law (R.S. 33:2845) and may result in criminal prosecution. To the best of my knowledge the information provided above is correct. I FURTHER UNDERSTAND.

* * * That state and local laws require that I collect, account for, report and remit the tax due, and;
* * * That failure to file a report and pay what is due on a timely basis results in penalty and interest being imposed by law and continued delinquency results in an assessment, negligence penalties and possible legal action.
* * * That state law provides Criminal Penalties under La R.S. 33:2845 & 2846 for: (1) failure to file a return or the filing of a false or fraudulent return and (2) failure to collect, account for, or pay over any tax, penalty or interest under any provision of local sales and use tax law.
* * * That an owner, partner or responsible corporate officer may be held personally liable for sales taxes which have been collected and not remitted.

X _____ X _____

Signature of Applicant (Owner, Partner or Responsible Corporate Officer) **Title** **Signature of Preparer If Different from Applicant**

WHITE- Original YELLOW-Keep For Your Records