

**CITY OF MARKSVILLE**  
**427 N. WASHINGTON STREET**  
**MARKSVILLE, LA 71351**

1. Date of Application  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

**APPLICATION FOR AND/OR REQUEST FOR**  
 (Check one or more squares)

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

\_\_\_\_\_

2. A.  Sales Tax Certificate  
 B.  Occupational License Tax \_\_\_\_\_  
 New Business  
 Renewal \_\_\_\_\_  
 Previous Year License No. \_\_\_\_\_

3. Class \_\_\_\_\_  
 (OLT)  
 4. SIC \_\_\_\_\_  
 (Sales)

C.R.N.  
 \_\_\_\_\_

5. Federal Employer ID Number  None  
 \_\_\_\_\_  
 6. LA Sales Tax Number  None  
 \_\_\_\_\_  
 7. Local Sales Tax Number  None  
 \_\_\_\_\_

8. A. Taxpayer Name \_\_\_\_\_  
 B. Area Code-Phone Number \_\_\_\_\_  
 C. Trade Name \_\_\_\_\_

D. Mail Address \_\_\_\_\_  
 E. City, State, Zip Code \_\_\_\_\_

F. Location-Street, City, State, Zip Code \_\_\_\_\_  
 G. Parish Location \_\_\_\_\_

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

10. If corporation or partnership Name, Title, Soc. Sec. No., Resident Address and Phone of Officers or Partners.

Name	Title	SSN	_____
Resident Address		Phone-	_____
Name	Title	SSN	_____
Resident Address		Phone-	_____
Name	Title	SSN	_____
Resident Address		Phone-	_____

11. If Sole Owner (individual) Name \_\_\_\_\_  
 Resident Address \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Phone- \_\_\_\_\_

12. Ending Month of Accounting (Fiscal Year) \_\_\_\_\_  
 13. Name and Address of Agent for Service of Process \_\_\_\_\_  
 14. Location of Accounting Records Are Maintained-Check One as Noted in Item 8 (If other, show other street, address, city & state)  
 D  F  address, city & state

15. If Corporation, State of Incorporation \_\_\_\_\_  
 16. Reason for Applying  
 A.  Started New Business C.  Other (specify) \_\_\_\_\_  
 B.  Purchased Going Business—Name of previous Owner \_\_\_\_\_

17. Date Business Started/ Acquired at THIS LOCATION  
 Month Day Year  
 18. Have you registered with the Secretary of State for Louisiana as a foreign corporation?  
 Yes  No  
 19. Excluding This One How Many Other Business Locations Do You Have in This Parish or Municipality?

20. Nature of Business \_\_\_\_\_  
 Description of Sales or Activity \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applying for Occupational License complete Schedule A (reverse side). If transferring License complete only Line 32 on reverse side.

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

Signature of Applicant	Title
Signature of Preparer If different from above	