

ACADIA PARISH SCHOOL BOARD
SALES & USE TAX APPLICATION

Office Use Only	
ACCOUNT#	_____
Initialed	_____

Trade Name: _____

Legal Name(s): _____

LA Sales Tax #: _____ Federal Identification #: _____ FSIC# _____

If purchasing an ongoing business: Name of Business: _____

Previous Owner: _____

Business Location (Physical Address): _____

Mailing Address: _____

Owner/Officer (title): _____

Social Security Number: _____ Home Phone: _____

Home Address: _____

Contact Person: _____

Contact Phone: _____ Business Phone: _____

Fax Number: _____ E-mail: _____

Type of Organization: (Please Circle)

Individual Corporation Non-Profit Partnership LLC LLP Governmental

Nature of Business: _____

Requesting Filing Status: (Please Circle)

Monthly Quarterly Annually One Time Occasionally

Date of first sale in Acadia Parish: _____

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

Signature of Applicant: _____

Title: _____ Date of Application: _____