

CITY OF MANSFIELD
P. O. Box 773
Mansfield, Louisiana
71052

FOR OFFICE USE ONLY

1. Date of Application

 Month Day Year

APPLICATION FOR AND/OR REQUEST FOR

(Check one or more squares)

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C.R.N.

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

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3. Class _____
 (OLT)
 4. SIC _____
 (Sales)

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 (Specify)

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 _____ SSN _____
 Resident Address _____ 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, 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

OCCUPATIONAL LICENSE SCHEDULE "A"

Refer to instructions to determine base and rate (fee) to be used in lines 21 thru 31.

Class of License being applied for _____
 License Year _____ Open Date for This License _____

COMPLETE ONLY ONE OF 21 THRU 25

21. BUSINESS OPENED DURING THE PREVIOUS CALENDAR YEAR.....

Gross sales for remainder of calendar year ▶ \$ _____

▶ \$ _____ equals ▶ \$ _____ which divided by number of days in operation of ▶ _____ days equal \$ _____ which multiplied by 365 amounts to a taxable sales of ▶ \$ _____

22. BUSINESS OPENED LESS THAN 30 DAYS.....

Tax due will be the minimum of applicable rate table.

23. BUSINESS OPENED MORE THAN 30 DAYS.....

Gross sales for first 30 days ▶ \$ _____

▶ \$ _____ equals ▶ \$ _____ which multiplied by a number of months, or major fraction thereof, remaining in year, _____ months amounts to a taxable sales of ▶ \$ _____

24. BUSINESS OPENED BETWEEN DECEMBER 2 AND DECEMBER 31.....

Gross receipts for remainder of calendar year ▶ \$ _____

25. BUSINESS OPENED ON OR PRIOR TO JANUARY 1 OF THE PREVIOUS YEAR.....

Gross sales ▶ \$ _____

▶ \$ _____ equals taxable gross of ▶ \$ _____

26. LICENSE FEE/RATE DUE BASED ON TABLE _____ \$ _____

27. To be used by those occupations paying fee based on units, indicate numbers of seats, spaces, pool tables, etc.

Item	Number	Fee	Total For This Item

Total \$ _____

28. Amount of tax due (Lines 26 & 27) \$ _____

29. Interest \$ _____

30. Penalty \$ _____

31. Total Amount Due..... Remit This Amount ▶ \$ _____

32. License Number(s) being transferred _____
 (License(s) must be attached and signed on back side by licensee in order that the transfer may be made).