

MAIL ORIGINAL TO:

**PLAQUEMINES PARISH
SALES TAX DIVISION**
333 F. EDWARD HEBERT BLVD
BUILDING 102, SUITE 345
BELLE CHASSE, LA 70037
(504) 934-6440
salestax@ppgov.net

**APPLICATION FOR
PLAQUEMINES PARISH
PARISH & SCHOOL BOARD
SALES & USE TAX
REGISTRATION CERTIFICATE**

For Collector's Use
Date Received
Date Certificate Issued
Clerk

Name under
which business

1. is to be conducted _____

PRINT-Do not write

2. Owner _____

PRINT-Name of owner if different from name on line one

E-mail Address

Location of

3. business _____

Street and Number

City or Town

Zip Code

Phone No.

Mailing
Address (if

4. different) _____

P.O. Box or Street No.

City or Town

Zip Code

Parish

Nature of

5. business _____

State whether grocery, dry goods, hardware, department store, mfg., wholesale, hotel, tourist court,
parking lot, printing, laundry, dry cleaning, repairs, amusements, storage, lease and rentals, etc.

Type of

6. Ownership _____

State whether individual proprietor, co-partnership or corporation.

Names of all
partners or

principal
officers if a

7. corporation _____

How many places of business do you

8. operate within the Parish of Plaquemines _____

If you operate more than one place of business, separate and complete Sales Tax registrations must be made for each location

9. What sales records do you keep _____

Date started, or to

10. start at this address _____

11. Parish Occupational License No. _____

12. State of Louisiana -Sales Tax Registration No. _____

Registration Application

Sign here _____

Received by

By _____

Owner, Partnership, President, etc.