**APPLICATION FOR** LAFOURCHE PARISH **I.D.NUMBER** CLASSIFICATION **TOURIST COMMISSION HOTEL-MOTEL TAX REGISTRATION CERTIFICATE** Retain Copy for your files and For Office Use Mail original to the Sales and Use Tax Department, Lafourche Date Received Parish SchoolBoard, P.O. Box 997 Thibodaux, La. 70302 Date Certificate Issued 1. Name under which business is to be conducted: PHONE 2. Owner(s)\_\_\_\_ Fed.Tax Id # (Print name of owner if different from name on Line One above) 3. Physical location of business Street and Number City Zip Parish State 4. Mailing address (if different)\_ P. O. Box or Street Number City State Zip Parish Nature of business: 6. Type of Ownership \_\_\_\_\_Individual \_\_\_\_Partnership \_\_\_\_Corporation \_\_\_\_\_LLC \_\_\_LP \_\_\_LLP 7. Name of all partners, members, directors or officers, if corporation: Who has bank signature authority to report & remit taxes\_\_\_ Name T How many overnight facilities do you operate within Lafourche Parish Title 8. How many overnight rooms or camper spots do you have available at this location\_\_\_\_\_ If you operate more than one overnight facility, separate and complete Hotel-Motel Tax registrations must be made for each location. If you offer (1) ONE or more overnight guest rooms/ camper spots, you are required to file a Hotel-Motel Tax Return monthly. If you have (6) SIX or more rooms or spaces for rent at a single location, you must also register and pay sales tax as required. 9. What sales records will you keep:\_\_\_\_\_ 10. Date Started, or to start at this address: 11. Parish Ward in which business located: \_\_\_\_\_Parish Precinct located: \_\_\_\_\_ SIGN HERE: By:

(Owner, Partner, President, etc)

Revised 12/21/2005