

# New Business Checklist

- Recommended – if purchasing an existing business or stock of goods from an existing business to determine if you may be liable for any unpaid sales taxes request a signed, dated and sealed copy of a Vermilion Parish Sales Tax Clearance.
- Register with Louisiana Department of Revenue for state sales tax [www.rev.state.la.us](http://www.rev.state.la.us) or [www.rev.louisiana.gov](http://www.rev.louisiana.gov).
  - Phone number: 1-855-307-3893
- Register for Occupational License with City Hall (if business is located in city limits) or Sheriff's Office (if out of city limits).
- Register with Vermilion Parish Sales Tax Dept. at 223 S. Jefferson Street, Abbeville, La. Phone Number: 337-898-5732 or 337-898-5733.
  - Must provide a copy of the following information:
    - **Dept. of Revenue state tax identification number** (the following is an example of number: 1689901-001-400).
    - **Louisiana Driver's License** (if business located in Louisiana).
    - **Occupational License** or a copy of the completed Occupational License Application or of the Occupational License.
    - **Lease/Rental Agreement** if applicable (if the business is located in Louisiana)
- For all other inquiries regarding business licenses, federal identification numbers and business information can found by registering with [www.geauxbiz.sos.la.gov](http://www.geauxbiz.sos.la.gov).
- To remit sales tax payments for Vermilion Parish and Department of Revenue (state tax), you may register and submit payments either of the online filing websites. The websites are as follows:  
[www.parishe-file.revenue.louisiana.gov](http://www.parishe-file.revenue.louisiana.gov) or  
[www.salestaxonline.com](http://www.salestaxonline.com)

**Vermilion Parish Sales Tax Department does not release any information or make any type of change (address, filing status, etc. ) unless the change is requested by a listed contact person or owner in writing (email is accepted from a verified email address). This is done to protect the confidentiality of the business.**

Please keep a copy of the completed form and notify our office in writing (email from listed contact is acceptable) within thirty days of any changes, additions, or deletions to remain in compliance with RS 47:337.29.

## VERMILION PARISH SALES TAX

Tax Account Type: \_\_\_\_\_ Sales \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Occupancy Tax

### Reason for completing this form

<p>_____ Started new business</p> <p>_____ Opening additional location</p> <p>_____ Merger _____ and _____</p>	<p>_____ Purchased ongoing business:</p> <p>_____ Name of previous owner _____</p> <p>_____ Trade name of previous owner _____</p> <p>_____ Parish account number _____</p> <p>_____ Other _____</p>
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### State and Federal Information:

State Tax ID: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

NAICS: \_\_\_\_\_

How many other locations in this Parish? \_\_\_\_\_

### Legal Name and Trade Name

Legal Name(s): \_\_\_\_\_

Trade Name: \_\_\_\_\_

### Business Location Information

Business location address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Mailing Address Information

Mailing address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Contact Information: (list any additional contacts on back)

	Contact #1	Contact #2	Contact #3
Contact Person:			
Contact Phone:			
Fax Number:			
Email Address:			
Web Address:			
Location of accounting records: _____			

**Type of Organization**

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ C Corporation \_\_\_\_\_ LLC \_\_\_\_\_ LLP \_\_\_\_\_

Governmental \_\_\_\_\_ Non-Profit \_\_\_\_\_ Other \_\_\_\_\_

**If sole owner (individual)**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If Corporation, LLC, LLP, or Partnership: name, title social security #, home address and telephone # of officers, members, managers, or partners**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SSN: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Agent for service of process: name, physical address, and phone number**

**Dates**

First date sales will be made from this location to Vermilion Parish: \_\_\_\_\_

Date business first started operation: \_\_\_\_\_

**Nature of Business**

\_\_\_\_ Retail Sales \_\_\_\_ Repair Service \_\_\_\_ Retail Service \_\_\_\_ Wholesaler \_\_\_\_ Contractor \_\_\_\_ Manufacturing/Fabricating \_\_\_\_ Other

Describe in detail your business: \_\_\_\_\_

**Requested reporting frequency and filing status**

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Occasional/Irregular

**Anticipated Taxable Transactions (Check all that apply)**

\_\_\_\_\_ Business Location Only \_\_\_\_\_ Parish-wide \_\_\_\_\_ Out of Parish

\_\_\_\_\_ Yes, mail paper forms to my mailing address

\_\_\_\_\_ No, please do not mail paper forms to my mailing address. I will electronically file my returns

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

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, Fax or Email completed form to:  
Vermilion Parish Sales Tax Department  
P O Box 1508  
Abbeville, LA 70511-1508  
Fax (337)740-5901  
Email: kyra.lange@vpsb.net**