

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

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

Please attach a copy of the owner's drivers license.

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: vpsalestax@vpsb.net**