

**SALES & USE TAX REGISTRATION  
CITIES OF MONROE, WEST MONROE  
OUACHITA-MONROE SCHOOL BOARDS  
OUACHITA PARISH POLICE JURY &  
TOWNS OF STERLINGTON & RICHWOOD**

1. Business name:	
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**PRINT-Do Not Write**

2. Owner:	
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**PRINT-Name of Owner if different from Line One**

3. Business Location				
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**Number & Street**

**City or Town**

**Parish**

**State**

4. Mailing Address				
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**PO Box or St. Number**

**City or Town**

**State**

**Zip**

5. Nature of Business	Telephone No.:
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**State as: Retail, Grocery, Dry Goods, Hardware, Department Store, Manufacturing, Wholesale, Hotel, Tourist Court, Parking Lot, Printing, Laundry, Dry Cleaning, Repairs, Rentals, etc.**

6. Type of Ownership	
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**Individual Proprietor, Co-Partnership or Corporation**

7. Names of Owners	
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**All Partners or Principal Officers if a corporation**

8. Number of businesses operated within Ouachita Parish	
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**If you operate more than one place of business, separate and complete Sales Tax Registrations must be made for each location.**

9. Start date at this address	
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10. What sales records do you keep?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
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11. Is your business located in:	<input type="checkbox"/> City of Monroe	<input type="checkbox"/> West Monroe	<input type="checkbox"/> Outside Twin	<input type="checkbox"/> Sterlington
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\_\_\_\_\_  
Signature Title

If business has changed hands, show the former:

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

\_\_\_\_\_

Former Owner: \_\_\_\_\_

Mail to: Tax & Rev Dept., P. O. Box 123, Monroe, LA 71210

**FOR OFFICE USE ONLY!!**

Date Received: \_\_\_\_\_

Number Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

By: \_\_\_\_\_

