

APPLICATION FOR ST. LANDRY PARISH GOVERNMENT
4% - HOTEL/MOTEL OCCUPANCY TAX REGISTRATION FORM
P.O. Drawer 1550, Opelousas, LA 70571-1550

Name under which business is to be conducted: _____

Location of Business (physical address): _____

Mailing Address: _____

Type of Business: _____ Phone: _____

Email: _____ Fax: _____

Type of Ownership: Individual Partnership Corporation

If Owner (Individual), Name: _____ Phone: _____

Resident Mailing Address: _____

If a Corporation: _____

Above, provide the state in which organized and location of principle office or domicile

Corporation Address: _____

If a Corporation, list all partners or principal officers: _____

Name of preparer of tax return: _____ Phone: _____

Mailing Address: _____

Email: _____ Fax: _____

Location of Accounting Records: _____

Date Business Started/Acquired (at address given): _____

Signature: _____ Date: _____

Your Name: _____ Title: _____

FOR OFFICE USE ONLY

Received by

Date Received

No. Issued

Date Issued