

For Office Use Only: Zone Commodity Code Account Number Filing Frequency

Zone	Commodity Code	Account Number	Filing Frequency
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1 Date of Application	Month	Day	Year	2 Opening Date	Month	Day	Year
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3 Type of Application

A New Business (Home based business Purchase of a business Name of previous owner _____)

B Change in Status of Existing Business (Account Number _____)

C Special Event (date(s) of event: _____)

D Other (specify: _____)

4 Type of Ownership

A Sole Proprietorship B Partnership C Louisiana Corporation D Foreign Corporation E Non-Profit Organization F Other

5 Business Information

Trade Name of Business _____

Legal Name of Owner(s) (if sole owner, write last name, suffix, first name and middle initial) _____

Business Address (street, route or highway - NOT P.O. Box or general delivery) _____

City _____ State _____ Zip Code _____

Mailing Address (if different from business address) _____

City _____ State _____ Zip Code _____

6 Tax(s) to be Collected/Remitted (check one or more boxes)		7 License/Permit Applied For (check one or more boxes)	
A <input type="checkbox"/> Sales/Use Tax	E <input type="checkbox"/> Hotel Occupancy Privilege Tax	A <input type="checkbox"/> Occupational/Insurance License Tax	E <input type="checkbox"/> Artist Permit
B <input type="checkbox"/> Parking Tax		B <input type="checkbox"/> Chain Store Tax	F <input type="checkbox"/> Mechanical/Electronic Device License Tax
C <input type="checkbox"/> Amusement Tax		C <input type="checkbox"/> Alcoholic Beverage Permit	G <input type="checkbox"/> Annual Operator's License Fee
D <input type="checkbox"/> Hotel/Motel Sales Tax		D <input type="checkbox"/> Amusement Permit	H <input type="checkbox"/> Other Permits/Fees (e.g. Manager Permit, Bed and Breakfast Permit, Vieux Carre fees, etc.)

8 Occupational/Insurance License Tax

Describe Your Business (type of sales, activities or services you perform) _____

Code Number _____ Amount Due _____

9 Chain Store Tax

Total Number of Stores Owned Whether Operated Within the City/State or Not (see instructions) _____

Amount Due _____

10 Alcoholic Beverage Permit (see instructions)

A <input type="checkbox"/> Class A - General (retail outlet, consumption on/off premises, e.g. bar, lounge, club, special event, etc.)	E <input type="checkbox"/> Beer	Amount Due
B <input type="checkbox"/> Class A - Restaurant (see instructions)	F <input type="checkbox"/> Liquor	
C <input type="checkbox"/> Class A - Restaurant Conditional (see instructions)	G <input type="checkbox"/> Wine (package only)	
D <input type="checkbox"/> Class B - General (consumption off premises, ie. retail and/or wholesale outlet, package liquor store, groceries with package liquor/beer, etc.)		

11 Amusement Permit

A Entertainment With Admission Charge B Entertainment Without Admission Charge

Code Number _____ Amount Due _____

12 Artist Permit

A "A" Permit Jackson Square B "B" Permit Pirates Alley C "C" Permit Edison Park

Code Number _____ Amount Due _____

13 Other Permits/Licenses/Fees/Deposits/Bonds (see instructions)

Code Number	Amount Due
_____	_____
_____	_____
_____	_____

For Office Use Only: Case Number _____ 14 Total Amount Due _____

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For Office Use Only:

Zone, Commodity Code, Account Number, Billing Frequency

15 Business Phone Number, 16 Fax Number

17 E-mail Address

18 Web Page Address

19 Bank Reference

20 Number of Employees, 21 If Corporation, 22 Federal Employer Identification Number, 23 CPNC Number If Applicable

24 Sole Owner, Partnership or Corporation Information

Name of Sole Owner, Partner, Officer, Member or Manager (write first name, middle initial, last name and suffix)
Title, Area Code, Home Phone Number
Home Address (street, route or highway - NOT P.O. Box or general delivery)
City, State, Zip Code
Social Security Number, Driver's License/State ID Number, State

Name of Partner, Officer or Member (write first name, middle initial, last name and suffix)
Title, Area Code, Home Phone Number
Home Address (street, route or highway - NOT P.O. Box or general delivery)
City, State, Zip Code
Social Security Number, Driver's License/State ID Number, State

Name of Partner, Officer or Member (write first name, middle initial, last name and suffix)
Title, Area Code, Home Phone Number
Home Address (street, route or highway - NOT P.O. Box or general delivery)
City, State, Zip Code
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For Office Use Only: Trade Name of Business

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24 Sole Owner, Partnership or Corporation Information (continued)

Name of Partner, Officer or Member (write first name, middle initial, last name and suffix)

Title	Area Code	Home Phone Number
<input type="text"/>	(<input type="text"/> <input type="text"/>)	<input type="text"/> - <input type="text"/>

Home Address (street, route or highway - NOT P.O. Box or general delivery)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Driver's License/State ID Number	State
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Partner, Officer or Member (write first name, middle initial, last name and suffix)

Title	Area Code	Home Phone Number
<input type="text"/>	(<input type="text"/> <input type="text"/>)	<input type="text"/> - <input type="text"/>

Home Address (street, route or highway - NOT P.O. Box or general delivery)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Driver's License/State ID Number	State
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

25 Authorized Agent For Service

Name of Agent (if individual, write first name, middle initial, last name and suffix)

Title	Area Code	Home Phone Number
<input type="text"/>	(<input type="text"/> <input type="text"/>)	<input type="text"/> - <input type="text"/>

Home Address (street, route or highway - NOT P.O. Box or general delivery)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Driver's License/State ID Number	State
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

26 Questions for Alcoholic Beverage Outlets Only

Yes No Are the premises owned by the applicant? If "no", state fully:

Name of Owner of the Property	Address
<input type="text"/>	<input type="text"/>
Name of Prime Lessee	Address
<input type="text"/>	<input type="text"/>
Name of Sub-Lessee	Address
<input type="text"/>	<input type="text"/>
Name of Sub-Lessee	Address
<input type="text"/>	<input type="text"/>

Yes No Has a properly executed copy of your lease been filed with the Bureau of Revenue, Department of Finance, City of New Orleans, which covers the use of the property for the year which the permit is applied for? If "no", a properly executed lease must be submitted with this application. The form of leasing agreement is subject to approval by the Bureau of Revenue.

For Office Use Only: Trade Name of Business

