

City of Marksville
427 North Washington Street
Marksville, LA 71351 318-253-9500

OCCUPATIONAL LICENSE TAX APPLICATION

(The tax is due January 1 for existing businesses, and is delinquent after the last day of February.)

1. Date of Return ____/____/____ (MONTH, DAY, YEAR)
2. New Business Renewal--PROVIDE PRIOR YEAR'S LICENSE NUMBER: _____
3. FEDERAL EMPLOYER ID NUMBER: _____
4. LA SALES TAX NUMBER: _____
5. LOCAL SALES TAX NUMBER: _____
6A. TAXPAYER NAME _____ B. TELEPHONE NUMBER _____

C. TRADE NAME _____

D. MAILING ADDRESS, CITY, STATE, ZIP CODE _____

E. PHYSICAL LOCATION, STREET ADDRESS, CITY, STATE, ZIP CODE _____

7. Location of Accounting Records: d e

8. Type of Business: Individual Partnership Corporation
 Governmental Non-profit Other (specify) _____

9. Provide information on owner(s) below. If corporation or partnership, provide information for officers or partners. For corporation, provide state of incorporation:

NAME	TITLE	SOCIAL SECURITY NUMBER
RESIDENT ADDRESS		TELEPHONE NUMBER
NAME	TITLE	SOCIAL SECURITY NUMBER
RESIDENT ADDRESS		TELEPHONE NUMBER
NAME	TITLE	SOCIAL SECURITY NUMBER
RESIDENT ADDRESS		TELEPHONE NUMBER

10. Name and address of agent for service of process _____

11. Nature of Business--description of sales or activity. _____

I affirm that the information given on this application and the attached schedules is true and correct.

12. SIGNATURE OF APPLICANT _____ TITLE _____

SIGNATURE OF PREPARER IF DIFFERENT FROM ABOVE _____