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,  |                |                        |  |  |  |
|---|----------------|------------------------|--|--|--|
| 2. New Business RenewalPROVIDE PR   |                |                        |  |  |  |
| 3. FEDERAL EMPLOYER ID NUMBER:  |                | <del></del>            |  |  |  |
| 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 COL  | )E             |                        |  |  |  |
| E. PHYSICAL LOCATION, STREET ADDRESS, CI  | TY, STATE, ZI  | P CODE                 |  |  |  |
| 7. Location of Accounting Records:  | □d □e          |                        |  |  |  |
| 8. Type of Business:   Individual Partnership Corporation  Governmental Non-profit Oother (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  | l              | TELEPHONE NUMBER       |  |  |  |
| Name  | TITLE          | SOCIAL SECURITY NUMBER |  |  |  |
| RESIDENT ADDRESS  | I              | 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  | ApplicantTitle |                        |  |  |  |
| SIGNATURE OF PREPARER IF DIFFERENT FROM ABOVE   |                |                        |  |  |  |

## SCHEDULE A: CALCULATION OF TAXABLE GROSS RECEIPTS

## NEW BUSINESS

| 13.          | . Check one:  |                            |  |  |  |
|--------------|---|----------------------------|--|--|--|
|              | ☐STARTED NEW BUSINESS ON(DATE)                                    |                            |  |  |  |
|              | PURCHASED EXISTING BUSINESS-NAME OF PREVIOUS OWNER                |                            |  |  |  |
|              | OTHER (SPECIFY)   |                            |  |  |  |
| 14.          | . CHECK ONE BOX BELOW AND FOLLOW INSTRUCTIONS TO CALCULA          | TE TAXABLE GROSS RECEIPTS: |  |  |  |
| _            |   |                            |  |  |  |
| <b>∐B</b> US | USINESS OPENED THIS CALENDAR YEAR                                 |                            |  |  |  |
|              | less than 30 days   |                            |  |  |  |
|              | DBETWEEN DECEMBER 2 AND DECEMBER 31;                              |                            |  |  |  |
|              | Total gross receipts for period of opera                          | TION:                      |  |  |  |
|              | $\square$ prior to December 2; pay minimum tax; calcul            | ATE REMAINDER DUE          |  |  |  |
|              | after first $30$ days of operation using $M$                      | ETHOD IMMEDIATELY BELOW.   |  |  |  |
|              | ☐more than 30 days;   |                            |  |  |  |
|              |   |                            |  |  |  |
|              | B. DEDUCTIONS*:   |                            |  |  |  |
|              | C. A MINUS B EQUALS TAXABLE RECEIPTS:                             |                            |  |  |  |
|              | D. NUMBER OF MONTHS IN OPERATION:                                 |                            |  |  |  |
|              | E. D TIMES C EQUALS ESTIMATED TAXABLE GROSS OF                    | ·                          |  |  |  |
| <b>□</b> Bus | USINESS OPENED DURING THE PREVIOUS CALENDAR YEAR                  |                            |  |  |  |
|              | A GROSS RESERVES.   |                            |  |  |  |
|              | A. GROSS RECEIPTS:  B. DEDUCTIONS*:                               | <del></del>                |  |  |  |
|              | C. A MINUS B EQUALS TAXABLE RECEIPTS:                             |                            |  |  |  |
|              | D. NO. OF DAYS OPERATION:   |                            |  |  |  |
|              | E. C/D EQUALS AVERAGE GROSS RECEIPTS:                             | <del></del>                |  |  |  |
|              | f. 365 times e equals estimated taxablee gross                    |                            |  |  |  |
| □Ex:         | XISTING BUSINESS  |                            |  |  |  |
|              |   |                            |  |  |  |
| 15.          | . A. GROSS SALES/RECEIPTS:  |                            |  |  |  |
|              | B. DEDUCTIONS*:   | <del></del>                |  |  |  |
|              | C. A MINUS B EQUALS TAXABLE RECEIPTS:                             |                            |  |  |  |
| □Ræ          | ETAIL DEALERS OF GASOLINE AND MOTOR FUELS                         |                            |  |  |  |
|              | HILL PERMING OF GROOTING TRIP MOTOR FORDS                         |                            |  |  |  |
| 16.          | . A. GROSS SALES/RECEIPTS:  |                            |  |  |  |
|              | (DO NOT INCLUDE SALES OF MOTOR FUELS)                             |                            |  |  |  |
|              | B. DEDUCTIONS*:   |                            |  |  |  |
|              | C. A MINUS B EQUALS TAXABLE RECEIPTS:                             |                            |  |  |  |
|              | D. TAX DUE FROM TABLE 1 E. GALLONS OF GASOLINE & MOTOR FUELS SOLD |                            |  |  |  |
|              | F. TAX DUE ON LINE E FROM TABLE 1.1                               |                            |  |  |  |
|              | G. TOTAL TAX DUE LINE D PLUS LINE F                               |                            |  |  |  |
|              | H. MAXIMUM TAX DUE  | 6,200.00                   |  |  |  |
|              | I. ENTER THE LESSER OF LINE G or LINE H                           |                            |  |  |  |

| 17. | 17. Class:   RETAIL WHOLESALE COMMISSION PUBLIC UTILITIES LENDING  OTHER  |        |     |                |  |  |  |
|-----|---|--------|-----|----------------|--|--|--|
| 18. | 8. USE APPROPRIATE TABLE TO CALCULATE TAX DUE:  (For others, professionals, or Pharmacies multiply taxable receipts by .01%)                            |        |     |                |  |  |  |
| 19. | FLAT FEES:  |        |     |                |  |  |  |
| ITE | М   | Number | FEE | Total for Item |  |  |  |
|     |   |        |     |                |  |  |  |
|     |   |        |     |                |  |  |  |
|     | Total for flat fees   |        |     |                |  |  |  |
| 20. | 20. Amount of tax due (total of lines 18 and 19)  |        |     |                |  |  |  |
| 21. | 1. Interest (14% per month of the tax due from the due date until until tax is paid):   |        |     |                |  |  |  |
| 22. | . PENALTY (5% OF THE TAX DUE FOR EACH THIRTY DAYS, OR FRACTION THEREOF, FROM THE DUE DATE UNTIL THE RETURN IS FILED, BUT IS LIMITED TO A TOTAL OF 25%): |        |     |                |  |  |  |
| 23. | 3. Total Amount Due   |        |     |                |  |  |  |

<sup>\*</sup>DEDUCTIONS ARE ALLOWABLE FOR THESE BUSINESSES: SERVICE STATIONS, INTERSTATE SALES OF STOCKS & BONDS, AND UNDERTAKERS.