

STARTING

A

BUSINESS

REGISTRATION

FORMS

and

APPLICATIONS

SS-4

**IRS EMPLOYER
IDENTIFICATION
NUMBER**

Register on line

www.irs.gov

or call

1-800-829-4933

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0038

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested	
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code	5b City, state, and ZIP code
6 County and state where principal business is located	
7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions.

11 Closing month of accounting year

12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural	Household	Other
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14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)			

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
 Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
Address and ZIP code	Designee's tax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ _____ Applicant's telephone number (include area code) _____

Signature ▶ _____ Date ▶ _____ Applicant's tax number (include area code) _____

Louisiana

**Department
of Revenue**

www.rev.state.la.us/



Application for Louisiana Revenue Account Number

P.O. Box 201
Baton Rouge, LA 70821-0201
(225) 219-7318

For office use only.

Empty rectangular box for office use.

Date of application

1. A. Sales/ Use

- Louisiana General Sales Tax
Statewide Hotel/Motel
Jefferson Parish Hotel/Motel
Orleans Parish Hotel/Motel
Orleans Parish Restaurant
N.O. Airport Food Establishments
Motor Vehicle Lessors/Renters

- Withholding
Vehicle Rental Excise
Severance
Oil and Gas Classification
Taxpayer Only
Producer Only
Producer/Taxpayer

F. Other

2. Reason for applying

- Started new business
Purchased ongoing business: Name of previous owner
Other (specify)

3. Indicate the account number you use for each tax filed with the Louisiana Department of Revenue.

Grids for LA Corp. Tax Number, LA Sales Tax Number, LA Excise Taxes Number, LA Withholding Tax Number, LA Severance Tax Number, LA Natural Resource Number.

4. A. Legal name(s)

B. Trade name of business Telephone

5. A. Business location address (NO P.O. Box or General Delivery)

B. City and state C. ZIP

6. A. Address for receiving tax forms and correspondence (if same location, write "same")

B. City and State C. ZIP D. Telephone E. Additional mailing address(es) attached

7. Type of organization: A. Individual B. Partnership C. Corporation D. Governmental E. Nonprofit F. Other

8. U.S. NAICS Code (required)

NAICS Code grid

9. Federal Employer ID Number

Federal Employer ID Number grid

None

10. If sole owner (individual): Name

Home address SSN Telephone

11. If corporation or partnership: name, title, Social Security Number, home address, and telephone number of officers or partners

Table for officer/partner information with columns for Name, Title, Address, SSN, Telephone.

12. A. Louisiana Charter Number (if known)

B. State of Incorporation (if not Louisiana)

13. Permits -Sellers of liquor, beer, or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. A permit from the Louisiana State Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker games. Indicate permit number(s) that you currently hold.

A. Lottery Permit Number, Alcohol Permit Number, VPG Permit Number
B. Expiration Month/Year

14. A. Corporation Income/Franchise: Date charter filed with Louisiana Secretary of State

Grid for date and filing frequency with columns for Mo., Day, Yr., Domestic, Foreign, Fiscal Month.

15. Sales or Use Tax: Date business begins sales operations from this location

16. Withholding Tax: (See instructions.) Select filing frequency. quarterly monthly semi-monthly

17. Severance Tax: Select filing frequency. quarterly monthly 45-day

18. Description of business: (required)

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

Signature and title fields for applicant and preparer.



Corporations

**Division - Office of
the Secretary of
State**

LLPs, LLCs, INCs,

www.sos.la.gov

STATE OF LOUISIANA
SECRETARY OF STATE

Commercial Division
(225) 925-4704

Fax Numbers
(225) 932-5317 Administrative Services
(225) 932-5314 Corporations
(225) 932-5318 UCC

TOM SCHEDLER
SECRETARY OF STATE



TRANSMITTAL INFORMATION
For All Business Filings

Please indicate below the level of service requested, payment and contact information

Routine

Expedite \$30
24 hour processing

Check or Money Order Enclosed

Credit Card Number: _____

Expiration Date: _____

Business Name (List *exactly* as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov

Tom Schedler
Secretary of State



ARTICLES OF INCORPORATION

(R.S. 12:203)

Domestic Non-Profit Corporation
Non-Stock Corporations Only
Enclose \$60.00 filing fee
Make remittance payable to
Secretary of State
Do not send cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.la.gov

STATE OF LOUISIANA

PARISH OF _____

1. The name of this corporation is: _____
2. This corporation is formed for the purpose of : (check one)
 Engaging in any lawful activity for which corporations may be formed under Chapter 2, Title 12, of the LA Revised Statutes (Non-Profit Corporation Law)

(Use for limiting corporation activity)
3. The duration of this corporation is: (may be perpetual) _____
4. This corporation is a nonprofit corporation.
5. The location and municipal address (not a P.O. Box only) of this corporation's registered office is:

6. The full name and municipal address (not a P.O. Box only) of each of this corporation's registered agent(s) is/are:

7. The full name and address of each incorporator of this corporation is:

8. The corporation's initial board of directors, municipal addresses (not a P.O. Box only) and term of office are:

Name(s)/Address(es)	Term of Office
_____	_____
_____	_____
_____	_____
9. This corporation is to be organized on a non-stock basis.
10. Other Provisions: _____

Incorporator(s) Signature(s):

On this _____ day of _____, 20____, before me, personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.

Notary

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named corporation.

Registered agent(s) signature(s):

Sworn to and subscribed before me this _____ day of _____, 20____.
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

INSTRUCTIONS

NOTE: This form contains only the minimum provisions required by law to be set forth in Articles of Organization. Additional provisions may be advisable or necessary, depending on the specific needs of each company. Consideration should be given to the advantages and disadvantages of forming a limited liability company, and the legal and tax consequences. You are strongly advised to seek legal advice from an attorney and tax and other business advice from an accountant.

1. File the Articles of Organization, and the domestic limited liability company Initial Report (form 973) which contains an agent affidavit and the requisite \$75 filing fee with the Secretary of State's office.
2. The Articles of Organization and the Initial Report may be delivered to the Secretary of State's office in advance, for filing as of any specified date (and any given time on such date) within thirty days after the date of delivery. Request should be made in writing and must be submitted along with the Articles of Organization and the Initial Report.
3. The Articles of Organization cannot be accepted for filing unless an Initial Report (form 973) is also filed. Upon filing with our office, you will receive a certificate of organization. Certified copies are available at a cost of \$15 each. Additional certificates are \$20 each.
4. If the Articles of Organization are filed within five (5) working days (exclusive of legal holidays) after acknowledgment, the existence shall begin as of the time of such acknowledgment.

Al Atar
Secretary of State



LOUISIANA PARTNERSHIP REGISTRATION FORM (R.S. 9:3401)

Enclose \$100.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.louisiana.gov

CHECK ONE: () Original Filing () Amendment

Current Partnership Name: _____

Previous Partnership Name: _____

Louisiana municipal address of principal place of business: _____

Effective date of contract: _____ Telephone () _____
Month, Day, Year

Federal tax identification number: _____

Name and municipal address of each partner. (Attach addendum if needed)

Name

Address

Name

Address

Name

Address

Signature, Title and Telephone of person completing form

Date

INSTRUCTIONS AND LOUISIANA PARTNERSHIP REGISTRY LAW

1. Attach a multiple original signed by all partners or a notarized copy of the partnership contract or amendment.
2. A multiple original of the contract of partnership, or a copy certified by the Secretary of State, shall be filed with recorder of mortgages of the parish in which the partnership maintains its principal place of business.
3. This registration does not serve as a trade name registration.

3402. Filing

The contract of partnership or a multiple original thereof, duly executed by the partners, or a certified copy thereof, or ~~statements submitted by foreign partnerships in accordance with R.S. 9:3421, et seq. shall be filed for registry with the~~ Secretary of State in accordance with the provisions of this Chapter to affect third persons as provided by Civil Code Articles 2806 and 2841 or when the parties choose to comply with the provisions of this Chapter.

3403. Contract of Partnership: required content

A contract of partnership filed for registry with the Secretary of State shall contain the name of the partnership, the municipal address of its principal place of business in this state, and the name and municipal address of each partner, including partners in commendam, if any.

3404. Contract amendment

An amendment to a contract of partnership shall be filed for registry in the same manner as an original contract of partnership. Until filed for registry, such amendment shall not be effective as to third persons. An amendment to a contract of partnership that is not registered with the Secretary of State shall be accompanied by an original copy of the contract of partnership or a certified copy, and all previous amendments.

3405. Registration; endorsement; issuance of certificate; effect

When all fees have been paid, the Secretary of State shall register the contract of partnership, or multiple original, or a certified copy or the statement of a foreign partnership, in the Central Registry for Contracts of Partnership created for that purpose, endorse on all documents delivered the month, day, year and hour of filing, and shall issue a certificate of registry certifying that the contract of partnership or statement of the partnership is filed and registered. The certificate of registry shall be conclusive evidence of due registration. A contract, statement or amendment that is duly registered is deemed registered as of the time of filing.

3406. Recorder of mortgages; filings

A multiple original of the contract of partnership or a copy certified by the Secretary of State and a copy of the certificate of registry shall be filed for registry with the recorder of mortgages of the parish in which the partnership maintains its principal place of business. Failure to file these documents with the recorder of mortgages as provided by this Section shall not affect the title of immovable property as being in the partnership or the status of a partner in commendam or a limited partner.

3407. Delivery in advance of effective date

Prior to its effective date, a contract of partnership or a statement of a foreign partnership may be delivered to the Secretary of State for filing and registration on any specified month, day, year and hour on or before the thirtieth day after the day of delivery.

3408. Filing within five days of execution; effect

A contract of partnership or a statement of a foreign partnership filed for registry with the Secretary of State within five days of execution exclusive of legal holidays, is deemed filed for registry on the month, day, year and hour of execution.

Section 2. The provisions of the Act shall not divest already vested rights or impair the obligation of contracts in existence on the effective date of this Act.

The provisions of this Act shall apply to all partnerships, whether created prior to, on, or subsequent to the effective date of this Act; provided that the lack of compliance with the provisions of this Act shall not affect the ownership of immovable property owned by the partnership on the effective date of this Act or limitations in existence on the effective date of this Act on the liability of partners in commendam, or limited partners.

Tom Schedler
Secretary of State



LIMITED LIABILITY COMPANY INITIAL REPORT
(R.S. 12:1305 (E))

1. The name of this limited liability company is : _____

2. The location and municipal address, not a post office box only, of this limited liability company's registered office:

3. The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent(s) is/are:

4. The names and municipal addresses, not a post office box only, of the first managers, or the members:

To be signed by each person who signed the articles of organization:

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered agent(s) signature(s):

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

Tom Schedler
Secretary of State



ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company
Enclose \$75.00 filing fee
Make remittance payable to
Secretary of State
Do not send cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.la.gov

STATE OF _____

PARISH/COUNTY OF _____

1. The name of this limited liability company is : _____

2. This company is formed for the purpose of: (check one)

Engaging in any lawful activity for which limited liability companies may be formed.

(use for limiting activity)

3. The duration of this limited liability company is : (may be perpetual) _____

4. Other provisions: _____

Signatures:

On this _____ day of _____, 20____, before me, personally appeared

_____, to me known to be the person described in and who
executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

Jay Dardenne
Secretary of State

DOMESTIC BUSINESS CORPORATION INITIAL REPORT
(R.S. 12:25 AND 12:101)

1. The name of this corporation is: _____

2. The location and municipal address (not a P.O. Box only) of this corporation's registered office:

3. The full name and municipal address (not a P. O. Box only) of each of this corporation's registered agent(s) is/are:

4. The names and municipal address (not a P.O. Box only) of the first directors are:

Incorporator(s) signature(s)

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named corporation.

Registered agent(s) signature(s):

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

Jay Dardenne
Secretary of State



ARTICLES OF INCORPORATION

(R.S. 12:24)

Domestic Business Corporation
Enclose \$60.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 825-4704
Web Site: www.sos.louisiana.gov

STATE OF _____

PARISH/COUNTY OF _____

1. The name of this corporation is: _____

2. This corporation is formed for the purpose of: (check one)

Engaging in any lawful activity for which corporations may be formed.

(use for limiting corporate activity)

3. The duration of this corporation is: (may be perpetual) _____

4. The aggregate number of shares which the corporation shall have authority to issue is: _____

5. The shares shall consist of one class only and the par value of each share is: _____
(shares may be without par value) per share.

6. The full name and post office address of each incorporator is :

7. Other provisions: _____

Incorporator(s) Signature: _____

On this ____ day of _____ 20____, before me, personally appeared _____
_____ to me known to be the person described in and who
executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

TANGIPAOHA PARISH SHERIFF'S OFFICE
 P O BOX 942
 AMITE, LA 70422
 985-748-3346

For office use only:	
Account Number	_____
Charge Code	_____
Business Type	_____
Ward	_____

OCCUPATIONAL LICENSE TAX APPLICATION

1 NEW BUSINESS EXISTING BUSINESS

2A TAXPAYER NAME	DRIVER'S LICENSE NUMBER
------------------	-------------------------

B. BUSINESS NAME

C. MAILING ADDRESS, CITY, STATE, ZIP CODE	D. AREA CODE/TELEPHONE NUMBER
---	-------------------------------

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

3 TYPE OF BUSINESS

INDIVIDUAL PARTNERSHIP CORPORATION GOVERNMENTAL NON-PROFIT
 OTHER _____ (SPECIFY)

4 PROVIDE INFORMATION ON OWNER(S) BELOW. IF CORPORATION OR PARTNERSHIP, PROVIDE INFORMATION FOR OFFICERS OR PARTNERS FOR CORPORATION, PROVIDE STATE OF INCORPORATION:

NAME	TITLE	DRIVER'S LICENSE NUMBER
RESIDENT ADDRESS		TELEPHONE NUMBER
NAME	TITLE	DRIVER'S LICENSE NUMBER
RESIDENT ADDRESS		TELEPHONE
NAME	TITLE	DRIVER'S LICENSE NUMBER
RESIDENT ADDRESS		TELEPHONE NUMBER

5 NATURE OF BUSINESS - Description of sales or activity

6 PERSONAL REFERENCES:

NAME	AREA CODE AND TELEPHONE NUMBER
ADDRESS	
NAME	AREA CODE AND TELEPHONE NUMBER
ADDRESS	

I AFFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION AND THE ATTACHED SCHEDULES IS TRUE AND CORRECT

7 SIGNATURE OF APPLICANT _____ TITLE _____

TOWN OF AMITE CITY
 212 E OAK ST
 AMITE, LA 70422

FOR OFFICE USE ONLY

1. Date of Application

 Month Day

APPLICATION FOR AND/OR REQUEST FOR
 (Check one or more squares)

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

2. A. Sales Tax Certificate
 B. Occupational License Tax
 New Business
 Renewal

3. Class _____
 (OLT)
 4. SIC _____
 (Sales)

C.F.N.

Previous Year License No. _____

5. Federal Employer ID Number None 6. LA Sales Tax Number None 7. Local Sales Tax Number None

8. A. Taxpayer Name B. Area Code-Phone Number

C. Trade Name

D. Mail Address

E. City, State, Zip Code

F. Location-Street, City, State, Zip Code

G. Parish Location

9. Type of Organization A. Individual B. Partnership C. Corporation D. Governmental E. Non-Profit F. Other (Sp

10. If corporation or partnership Name, Title, Soc. Sec. No., Resident Address and Phone of Officers or Partners.

Name	Title	SSN	_____
Resident Address		Phone-	_____
Name	Title	SSN	_____
Resident Address		Phone-	_____
Name	Title	SSN	_____
Resident Address		Phone-	_____

11. If Sole Owner (Individual) Name _____ SSN _____
 Resident Address _____ Phone- _____

12. Ending Month of Accounting (Fiscal Year) _____ 13. Name and Address of Agent for Service of Process _____
 14. Location of Accounting Records Are Maintained-Check One as Noted in Item 8 (If other, show other street, D F address, city & state)

15. If Corporation, State of Incorporation _____ 16. Reason for Applying A. Started New Business C. Other (specify) _____
 B. Purchased Going Business—Name of previous Owner _____

17. Date Business Started/ Acquired at THIS LOCATION
 Month Day Year
 18. Have you registered with the Secretary of State for Louisiana as a foreign corporation? Yes No
 19. Excluding This One How Many Other Business Locations Do You Have In This Parish or Municipality? _____

20. Nature of Business _____ Description of Sales or Activity _____

If applying for Occupational License complete Schedule A (reverse side). If transferring License complete only Line 32 on reverse side.

I affirm that the information given on this application and attached schedules is true and correct
 Signature of Applicant _____ Title _____
 Signature of Preparer _____
 If Affirmant _____