

Registration Application
Ernest N. Morial New Orleans Exhibition Hall Authority
Service Contractor and Tour Tax

Agent: State of Louisiana
Department of Revenue and Taxation
Sales Tax Division
Post Office Box 3863
Baton Rouge, LA 70821-3863

1. Date of Application _____ Tax Type _____ Service Contractor _____ Tour _____

2. Louisiana Registration Numbers: _____
Sales Tax _____ Withholding _____ None _____

3. Legal Name(s) of Owner (s): _____

Trade Name of Business: _____

4. Business Location: _____
Street, route, or highway (not post office box or general delivery)

_____ City _____ State _____ Zip Code _____

_____ Area Code and Telephone Number _____

5. Address for Receiving
Forms & Correspondence: _____
Street or Post Office Box

_____ City _____ State _____ Zip Code _____

_____ Area Code and Telephone Number _____

6. Type of Organization: _____ Individual _____ Partnership _____ Corporation _____ Other _____

7. Federal Employer Identification Number: _____

8. Federal Standard Industrial Code (SIC): _____

9. If Sole Owner (Individual):

_____ Name

_____ Social Security Number

_____ Address

_____ Area Code and Phone Number

_____ City _____ State _____ Zip Code _____

10. If Corporation or Partnership:

Name of Officer/Partner

Title of Officer/Partner

Home Address

Social Security Number

City State Zip Code

Area Code and Phone Number

Name of Officer/Partner

Title of Officer/Partner

Home Address

Social Security Number

City State Zip Code

Area Code and Phone Number

11. Louisiana Charter Number: _____ State of Incorporation, if not Louisiana: _____

12. Describe your business (type of sales, activity, or service):

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

Signature of Applicant

Signature of Preparer Date

Typed Name of Applicant

Title of Applicant