

LOUISIANA

DEPARTMENT of REVENUE

Registration Application Tobacco Tax for Retail Dealers of Vapor Products

State of Louisiana
Department of Revenue
Taxpayer Compliance-SSEW
P.O. Box 66362
Baton Rouge, La 70896-6362

Date of Application	PLEASE PRINT OR TYPE.		
Louisiana Registration Numbers			
Sales Tax	Withholding	None <input type="checkbox"/>	
Legal Name(s) of Owner(s)			
Trade Name of Business			
Business Location			
Street, Route, or Highway <i>(not post office box or general delivery)</i>			
City	State	ZIP	Telephone Number
Address for Receiving Forms & Correspondence			
Street or Post Office Box			
City	State	ZIP	Telephone Number
Type of Organization			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Federal Employer Identification Number		U.S. NAICS Code	
If Owner(s) (Individual): (if more than one owner, add a separate sheet)			
Name		Social Security Number	
Address			
City	State	ZIP	Telephone Number
If Corporation, Partnership, or LLC: (if more than two officers, add a separate sheet)			
Name of Officer/Partner/Member	Title of Officer/Partner/Member		Social Security Number
Home Address			
City	State	ZIP	Telephone Number
Name of Officer/Partner/Member	Title of Officer/Partner/Member		Social Security Number
Home Address			
City	State	ZIP	Telephone Number

Louisiana Charter Number	State of Incorporation, if not Louisiana
--------------------------	--

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

I affirm that the information given on this application is true and correct. I understand that based on the information provided, my business will be registered for other taxes as appropriate.		
Signature of Applicant	Typed Name of Applicant	Title of Applicant
Signature of Preparer		Date (<i>mm/dd/yyyy</i>)