| <u>AF</u> | PLICATION FOR OCCU | PATIONAL LICENSE | | |
|---|---|--|--------------------|--|
| P.O. Box 10 | TOWN OF COLUMBIA T | Ph: (318) | 649-6174 | |
| Columbia, LA 71418 | (Town 3- Columbia) | Fax: (318) | Fax: (318)649-0758 | |
| Occupational License | Fax No: | Description of Business: | | |
| New Business | Opening Date: | LA Tax Number: | | |
| Renewal: | us Yr. License No.) | Federal ID #: | | |
| (Pievio | us fi. License No.) | How many other business locations in town: | | |
| 1. Business Name, Add | Iress and Phone # | | | |
| Business Name: | | Phone: | - | |
| Mailing Address: | | Cell: | - | |
| 2. Business Location | <u>: (please do not use a P.O. Box address)</u> | Individual Governm | ent | |
| Street Address: | | Partnership Non-Profi | t | |
| | | | | |
| | | LLC Other | | |
| 3. <u>Sole Proprietor:</u> Owners Name: | | Phone: | | |
| | | | | |
| Mailing Address: | | S.S#: | | |
| | | | | |
| <u>Corporation/Partne</u> Name: | rsnips. | Title: | | |
| | | | | |
| | | | | |
| Name: | | Title: | | |
| Resident Address: | | S.S#: | | |
| | | | | |
| | | | | |
| | | S.S#: | | |
| Name: | | Title: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature | Title | Date | | |
| For Office Use Only | | Cash | | |
| Paid Amount: | Check#: Paid Date: | | | |
| | | Check | | |
| Approval Date:+ | | Спеск | | |
| | | | | |

SCHEDULE A: CALCULATION OF TAXABLE GROSS RECEIPTS

| | usiness | |
|---------|--|---------------|
| 1. Cheo | | |
| | Started New Business (Date): | |
| | Purchased Existing Business - Name of Previous Owner: | |
| | Other (Specify): | |
| 2. Cheo | k One box below and follow instructions to calculate taxable gro | oss receipts: |
| | Business Opened This Calendar Year | · |
| | Less Than 30 Days Between Dec. 2 & Dec. 31 Total gross receipts for period of op Prior to Dec. 2; Pay minimum tax; calculate remine after first 30 days of operation using method imme | der due |
| | More Than 30 Days | |
| | A. Gross Receipts for First 30 Days:B. Deductions | |
| | C. "A" minus "B" Taxable Receipts | |
| | D. Number of Months Operation: | |
| | E. "D" times "C" equals estimated taxable gross of: | |
| | Business Opened During the Previous Calendar Year | |
| | A. Gross Receipts | |
| | B. Deductions | |
| | C. "A" minus "B" equals taxable receipts: | |
| | D. Number of Days Operation: | |
| | E. C/D equals average gross receipts: | |
| | F. 365 times "E" equals estimated taxable gross of: | |
| 3. | Existing Business | |
| | A. Gross Sales/Receipts: | |
| | B. Deductions: | |
| | C. "A" minus "B" equals taxable receipts: | |
| 4. | Retail Dealers of Gasoline and Motor Fuels | |
| | A. Gross Sales/Receipts: | |
| | 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: | |
| | I. Enter the Lesser of Line "G" or Line "H": | |

SCHEDULE A: CALCULATION OF TAXABLE GROSS RECEIPTS - CONTINUED

| Retail | Wholesale |
|---------|------------------|
| Lending | Commision |
| Other | Public Utilities |

6. Use Appropriate Table to Calculate Tax Due: (for others, professionals or pharmacies multiply Taxable Receipts by .1 percent)

7. Flat Fees:

| ITEM | NUMBER | FEE | TOTAL FOR ITEM |
|---------------------|--------|-----|----------------|
| | | | |
| | | | |
| TOTAL FOR FLAT FEES | | | |

- 8. Amount of Tax Due (Total of Lines 6 and 7):
- 9. Interest (1 1/4% per month of the tax due from the due date until tax is paid):
- 10. Penalty (5% of the tax due for each 30 days, or fraction thereof, from the due date until the return is filed, but is limited to a total of 25%):

11. TOTAL AMOUNT DUE:

* DEDUCTIONS ARE ALLOWABLE FOR THESE BUSINESSES: SERVICE STATIONS INTERSTATE SALES OF STOCKS & BONDS UN DERTAKERS