



**DEPARTMENT OF FINANCE**  
Terrebonne Parish Consolidated Government

P.O. Box **2768**  
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PHONE **985-868-5050**

**REMEDIES FOR COLLECTION, INCLUDING INTEREST, PENALTIES, ETC.  
FOR THE PURPOSE OF ENFORCEMENT**

THE TERREBONNE PARISH CONSOLIDATED GOVERNMENT, STATE OF LOUISIANA, ACTING AS THE GOVERNING AUTHORITY OF THE PARISH AND UNDER THE RULES AND REGULATIONS PROMULGATED WITH THE TERREBONNE PARISH GENERAL SALES AND USE TAX ORDINANCE LEVYING THE TAX STATES:

**SECTION 25-250:** IF ANY DEALER LIABLE FOR ANY TAX, INTEREST OR PENALTY LEVIED UNDER THIS ARTICLE SELLS HIS BUSINESS OR STOCK OF GOODS OR QUILTS THE BUSINESS, HE SHALL MAKE A FINAL RETURN AND PAYMENT WITHIN FIFTEEN (15) DAYS AFTER THE DATE OF SELLING OR QUITTING THE BUSINESS. HIS SUCCESSOR, SUCCESSORS OR ASSIGNS IF ANY, SHALL WITHHOLD SUFFICIENT OF THE PURCHASE MONEY TO COVER THE AMOUNT OF SUCH TAXES, INTEREST AND PENALTIES DUE AND UNPAID UNTIL SUCH TIME AS THE FORMER OWNER SHALL PRODUCE RECEIPT FROM THE DIRECTOR SHOWING THAT THEY HAVE BEEN PAID, OR A CERTIFICATE STATING THAT NO TAXES, INTEREST, OR PENALTIES ARE DUE. IF THE PUCHASER OF A BUSINESS OR STOCK OF GOODS FAILS TO WITHHOLD PURCHASE MONEY AS PROVIDED IN THIS SECTION, HE SHALL BE PERSONALLY LIABLE FOR THE PAYMENT OF THE TAXES, INTEREST AND PENALTIES ACCRUED AND UNPAID ON ACCOUNT OF THE OPERATION OF THE BUSINESS BY ANY FORMER OWNER, OWNERS OR ASSIGNORS.

**SECTION 25-260:** THE PARISH OF TERREBONNE MAY REQUIRE A BOND OR OTHER SECURITY SATISFACTORY TO THE DIRECTOR FOR THE PAYMENT OF ANY TAXES, FEES, INTEREST AND PENALTIES, OR ANY OF THEM, IMPOSED PURSUANT TO THE RESOLUTION WHEN HE SHALL FIND THAT THE COLLECTION THEREOF MAY BE PREJUDICED WITHOUT SUCH SECURITY.

UNDER THE PROVISIONS OF THE TWO (2) SECTIONS STATED ABOVE THIS IS TO CERTIFY THAT THE DIRECTOR OF THE PARISH OF TERREBONNE SALES AND USE TAX DEPARTMENT HAS NO OBJECTION TO THE ISSUANCE OF CITY LICENSES OR PERMITS FOR THE SALE OF ALCOHOLIC BEVERAGES TO;

PLEASE FILL IN BOX AND SUBMIT TO TERREBONNE PARISH SALES & USE TAX DEPARTMENT FOR APPROVAL.

Business Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR or DULY AUTHORIZED DEPUTY

\_\_\_\_\_  
DATE