



Calcasieu Parish School System

Sales and Use Tax Department

PO Drawer 2050

Lake Charles, La 70602-2050

(337) 217-4280 Fax (337) 217-4281

APPLICATION FOR EXEMPTION CERTIFICATE

Account # _____
 Acct. Name: _____ Telephone # _____
 Business Owner's Name: _____ Owner's S. S. # _____
 Physical Address: _____ Zip: _____
 Mailing Address: _____ Zip: _____
 Nature of Business: _____
 Purpose of request for Exemption Certificate: _____

Retailer _____ Manufacturer _____ Wholesaler _____ (CHECK APPLICABLE CATEGORY)

ACKNOWLEDGEMENT

I, _____, acting in an authorized capacity for _____ do hereby certify that the information contained herein is true and correct to the best of my knowledge and that the certificate requested will be used solely for the purpose(s) specified in this application. Use of the certificate for any purpose other than made known in this application shall subject applicant to full penalties under the law of this state and local ordinances.

Signed: _____

Date: _____

FOR OFFICE USE ONLY:

Request: _____ Granted _____ Denied _____ Received: _____

Expiration Date: _____

If denied, give reason: _____

Signed: _____

Sales and Use Tax Department

REPRESENTING

Calcasieu Parish School Board

City of Sulphur

City of DeQuincy

City of Lake Charles

Calcasieu Parish Police Jury

Town of Vinton

Town of Iowa

City of Westlake

SWLA Convention and Visitors Bureau

Calcasieu Parish Law Enforcement District