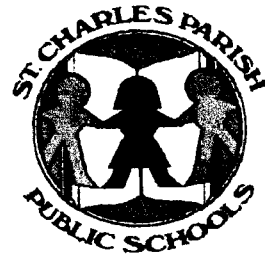


*St. Charles Parish Public Schools*

**Sales and Use Tax Office**  
13855 River Road  
Luling, Louisiana 70070  
Phone (985) 785-6289  
Fax (985) 785-7246



**APPLICATION FOR EXEMPTION CERTIFICATE**

Account # \_\_\_\_\_

Account Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Purpose of Request for Exemption Certificate: \_\_\_\_\_

**ACKNOWLEDGMENT**

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 solely for the purpose(s) specified in this application. Use of this 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:**

Received: \_\_\_\_\_

Request: \_\_\_\_\_ Granted: \_\_\_\_\_ Denied

Expiration Date: \_\_\_\_\_

If denied, give reason: \_\_\_\_\_

Retailer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Other: \_\_\_\_\_

Signed: \_\_\_\_\_

Sales and Use Tax Department