



Serving the community one person at a time

**Local Exemption Certificate Application**

**Request must be mailed or faxed to:**  
 Calcasieu Parish Sales/Use Tax Department  
 P.O. Drawer 2050  
 Lake Charles, LA 70602-2050  
 337-217-4280 (telephone) 337-217-4281 (fax)

*Complete required information on screen and print form. Sign at the bottom and send by fax or mail.*

Please complete an application for each business location.

Legal Name		Calcasieu Parish Sales Tax Account Number	
Trade Name			
Mailing Address			
City	State	ZIP	Telephone
Location Address			
City	State	ZIP	
U.S. NAICS Code	U.S. NAICS Code Description		

**Note:** U.S. NAICS Code – A United States North American Industry Classification System (NAICS) code is required on all applications. A NAICS code should be selected that most closely describes your dominant business. Your business code may be selected from the North American Industry Classification website at [www.naics.com](http://www.naics.com). If your business has a Federal Employer Identification Number (FEIN), a NAICS code may have been assigned and may be found on the Louisiana State tax return under “Business Code.”

**Note:** Resale Exemption Certificates are currently acquired through the Louisiana Department of Revenue. See Form R-1067 available at [www.rev.state.la.us](http://www.rev.state.la.us).

**LOCAL EXEMPTION SOUGHT:**

Check appropriate box:  
 Vending Machine Dealer     Temp Storage     Other (specify) \_\_\_\_\_  
 Cancer/chemo Drugs NEED SEPARATE APPLICATION available on website ([www.calcasieusalestax.org](http://www.calcasieusalestax.org))

Briefly describe business activity:

Authorization	
I affirm that the information given on this application is true and correct.	
Authorized Representative	Title
Signature	Date (mm/dd/yyyy)

**FOR OFFICE USE ONLY:**

Request     Granted     Denied    Expiration Date: \_\_\_\_\_    Clerk's Initials \_\_\_\_\_

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