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)

Please complete an application for each business location.

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Calcasieu Parish Sales Tax Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name</td>
<td></td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Location Address</td>
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<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>U.S. NAICS Code</td>
<td>U.S. NAICS Code Description</td>
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</tbody>
</table>

**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.calsieusalestax.org](http://www.calsieusalestax.org))

Briefly describe business activity:

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**Authorization**

I affirm that the information given on this application is true and correct.

Authorized Representative ______________________________________________________________________

Title ______________________________________________________________________________________

Signature __________________________________________________________________________________

Date (mm/dd/yyyy) ____________________________________________________________________________

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**FOR OFFICE USE ONLY:**

Request [ ] Granted [ ] Denied Expiration Date: ______________________________ Clerk’s Initials __________

If denied, give reason: ______________________________________________________________________