

St. John the Baptist Parish Sales and Use Tax Office

Office:
1704 Chantilly Dr. Suite 101
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Mailing:
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LaPlace, LA 70069-2066

Contact:
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APPLICATION FOR EXEMPTION CERTIFICATE

St. John Sales Tax Account# _____ Louisiana Sales Tax Account# _____ Federal ID # _____

Taxpayer Name: _____ Telephone: _____

Business Legal Name: _____ Business Trade Name: _____

Mailing Address: _____ Zip Code: _____ NAICS# _____

Physical 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 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: _____ Rental/Lease: _____ Other: _____

Signed: _____

Sales and Use Tax Department