

**Allen Parish School Board**  
**Sales and Use Tax**  
1111 W 7<sup>th</sup> Avenue  
P.O. Drawer 190  
Oberlin, LA 70655

**Application for Exemption Certificate**

Account Number: \_\_\_\_\_

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

Business Owner's Name: \_\_\_\_\_ Owner's Soc Sec: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**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 laws of this state and local ordinances.

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

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

**FOR OFFICE USE ONLY:**

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

Request:       Granted                       Denied

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

\_\_\_\_\_

Signed: \_\_\_\_\_  
Sales & Use Tax Department

**REPRESENTING:**

Allen Parish School Board  
Allen Parish Police Jury  
Allen Parish Sheriff's District

Town of Kinder  
Town of Elizabeth  
  
Equal Opportunity Employer

Town of Oberlin  
City of Oakdale  
Village of Reeves