

## Sales and Use Tax Department PO Drawer 2050; 2439 6th Street Lake Charles, LA 70602-2050

www.calcasieusalestax.org (337) 217-4280 Fax (337) 217-4281

## APPLICATION FOR EXEMPTION CERTIFICATE

Under R.S. 47:305 (D)(4)(b)

	Ac	Account #	
Business Name:			
Business Owner's Name:	Owner's S.	Owner's S. S. #	
Physical Address:		Zip:	
Mailing Address:		Zip:	
Name of Physician's Office: _			
Purpose: The procurement of propatients in a physician's office when have been diagnosed and are be referenced statute.	re they are not kept as bed patients	for 24 hours or more who	
I,	_	nn authorized capacity for	
the above cited company, do hereby	certify that the information contains	ed herein is true and correct	
to the best of my knowledge and that	the certificate requested will be use	ed solely for the purpose(s)	
specified in this application. Use of	the certificate for any purpose othe	r than made known in this	
application shall subject applicant t	o full penalties under the law of the	is state and	
local ordinances.	Signed: Date:		
FOR OFFICE USE ONLY:	Received:		
Request:Granted	Denied Expiration	Date:	
If denied, give reason:			
	Signed:		
	Sales and Use	Tax Department	