



**CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE**  
**DEPARTMENT OF FINANCE - REVENUE DIVISION**  
**PO BOX 2590, Baton Rouge, LA 70821-2590**  
**Phone (225)389-3084 Fax (225)389-5369**  
[www.brgov.com/dept/finance](http://www.brgov.com/dept/finance)

**Application for Exemption from Collection of Sales Tax for Certain Fund Raising Activities**  
*A separate application for exemption must be submitted for each fund raising activity*

This application for exemption is applicable for the following political subdivisions:

- |   |  |
|---|--|
| <b>CITY OF BATON ROUGE</b>                  | <b>CITY OF CENTRAL</b>                   |
| <b>PARISH OF EAST BATON ROUGE</b>           | <b>CENTRAL COMMUNITY SCHOOL DISTRICT</b> |
| <b>EAST BATON ROUGE PARISH SCHOOL BOARD</b> | <b>CITY OF ZACHARY</b>                   |
| <b>CITY OF BAKER</b>                        | <b>ZACHARY COMMUNITY SCHOOL DISTRICT</b> |
| <b>BAKER SCHOOL DISTRICT</b>                |  |

1. Nature of domestic non-profit organization: (check one)

- |                                    |                                     |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Civic     | <input type="checkbox"/> Fraternal  | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Charitable | <input type="checkbox"/> Historical  |

2. Nature of activity:

\_\_\_\_\_

\_\_\_\_\_

3. Location and dates of activity:

\_\_\_\_\_

\_\_\_\_\_

4. Entire proceeds except for the necessary expense connected therewith are to be used for: (Check One)

- |   |      |       |
|---|------|-------|
| <input type="checkbox"/> Educational Purposes | Name | _____ |
| <input type="checkbox"/> Charitable Purposes  | Name | _____ |
| <input type="checkbox"/> Religious Purposes   | Name | _____ |
| <input type="checkbox"/> Historical Purposes  | Name | _____ |

**NOTE: Any organization or individual who fraudulently signs this request shall be subject to penalties provided by applicable regulations.**

<b>For office Use Only:</b>	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	
Authorized Signature	
_____	
Title	

\_\_\_\_\_ Organization

\_\_\_\_\_ Address

\_\_\_\_\_ Contact Person/Phone No.

\_\_\_\_\_ Authorized Signature/Title