

Special Events Permit Date \_\_\_\_

Tracking Number

## TAX EXEMPTION FOR NON-PROFITS APPLICATION

## SUPPLEMENT H

	HMENT REQU t status.	UIRED	Please attach a copy of your organization	etter issued by the I.R.S. or Secretary of State verifying tax	
Seeking exemption from:		tion	Occupational License (150-970) (C) (1)	Mayoralty Permit (110-264) (C) Other	
			Sales Tax (150-521) (17)	Amusement Tax (150-521) (17)	
Name	of Non-profi	it Orga	nization		
Tax ID	)/EIN #				
Repre	sentative				
Purpo	ose of Organiz	zation			
Phone	2		Email		
Organ	nization mailir	ng adc			
Yes	No	Does	this organization endorse candidates for public	office?	
Yes	No	Is this organization otherwise involved in political activities?			
Yes	No	Were you asked to sponsor this activity in order that it might receive tax exempt status?			
lf so, k	oy whom?				
			Data		
Locat	ion		Date(	s) Time(s)	
			payments of direct necessary expenses be u		
lf proo	ceeds are to l	be dor	ated to a nonprofit organization, explain how	v the organization will use the funds:	
Yes	No		Will the event yield a profit to a promoter or any individual or business that has contracted to provide a service or equipment for the event?		
Yes	No	ls this	activity in competition with retail merchants? I	f yes, explain how:	
religiou that th	us organizatio e organizatio	on und on is th	er the laws of the State of Louisiana or with	od standing, domestic civic, educational, charitable, fraternal, or proper tax exemption status with the Internal Revenue Service; that all the proceeds from the event, after necessary direct poses.	
unders	tand that any	/ orgai	nizations who fraudulently seek exemption u	d complete to the best of my knowledge and belief. I also nder section 150-521 (17), 150-970 (C) (1), and/or 110-246 (C) of al penalties provided for in Louisiana Statutes.	
Applica	ation must be	e revie	wed and approved for non-profit waivers to	be granted. Completion of this form does not guarantee waiver.	
Organ	nization Name	e			
Office	er Signature			Date	