

DEPARTMENT OF FINANCE
City Of New Orleans

Mitchell J. Landrieu
Mayor

Norman S. Foster
Director of Finance

Exemption Application for Non-Profit Organization

- Occupational License (150-970) (C) (1)
- Mayoralty Permit (110-264) (C)
- Sales Tax (150-521) (17)
- Amusement Tax (150-521) (17)

Name of Non-Profit Organization: _____

Represented By: _____

Address: _____

Telephone Number (daytime): _____

Purpose of Organization: _____

Does this organization endorse candidates for public office? _____

Is this organization otherwise involved in political activities? _____

Were you asked to sponsor this activity in order that it might receive tax exempt status?

Describe the event for which the exemption is sought? _____

Location, date and time of events: _____

(See Opposite side)

How will the proceeds, after the payments of direct necessary expenses be used? If the proceeds are to be donated to a nonprofit organization, explain how the organization will use the funds. _____

Will the event yield a profit to a promoter or to any individual or business that has contracted to provide service or equipment for the event? _____

Is this activity in competition with retail merchants? If yes, explain how. _____

I hereby certify that the above-named organization is a bonafide domestic civic, educational, charitable, fraternal, or religious organization under the laws of the State of Louisiana or with proper tax exemption status with the Internal Revenue Service; that the organization is the actual sponsor of the event described and that all the proceeds from the event, after necessary direct expenses, will be used for civic, educational, charitable or religious purposes.

I further certify that the answers to the above questions are correct and complete to the best of my knowledge and belief. I also understand that any organizations who fraudulently seek exemption under section 150-521(17), 150-970(C) (1), and/or 110-246(C) of the code of the city of New Orleans shall be subject to civil and criminal penalties provided for in the Louisiana Statutes.

Organization Name _____
Signature of Officer

Date

Routed By	Date	Contact Number
Customer Service Personnel		

Approved	Date	Disapproved
Revenue Collections Supervisor		Revenue Collections Supervisor
Collector of Revenue		Collector of Revenue
City Attorney(or Designee)		City Attorney(or Designee)
Director of Finance		Director of Finance
Chief Administrative Officer		Chief Administrative Officer

*****IMPORTANT*****

PLEASE ATTACH A COPY OF YOUR ORGANIZATION LETTER ISSUED BY THE I.R.S. VERIFYING TAX EXEMPT STATUS IN ACCORDANCE WITH STATUTES 501 c 3,4,8 OR 19.