



Nonprofit Retirement Center

Certificate Application

L.a. R.S. 47:305.33

MAIL APPLICATIONS TO:

Louisiana Department of Revenue

Special Programs Division

P.O. Box 66362

Baton Rouge, LA 70821-6362

(225) 219-7462 Option 3 • (TDD)(225) 219-2114

FAX: (225) 231-6236

Questions about the completion of this application should be sent to SalesInquiries@LA.GOV

PLEASE PRINT OR TYPE.

Applicant Information

Applicant Legal Name	Louisiana Tax Number (if applicable)
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Applicant Trade Name

Multipurpose Retirement Facility Name

Mailing Address

Mailing Address

City	State	ZIP
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Multipurpose Retirement Facility Location Address

Location Address

City	State	ZIP
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Nonprofit Retirement Center Application Questions

- Is the retirement center owned or operated by a public trust authority? Yes No
 ➔ If yes, please submit documentation of ownership by public trust authority.
- Is the retirement center a duly incorporated not-for-profit corporation? Yes No
 ➔ If yes, please submit documentation of IRS nonprofit status and Louisiana Secretary of State corporation charter.
- Does your facility offer any of the following services (check all that apply)?:

<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Recreational & Therapeutic Activities	<input type="checkbox"/> Assisted Living Services	<input type="checkbox"/> Sub-acute Care
<input type="checkbox"/> Intermediate Healthcare		
- Please describe the services that are provided by the retirement center and provide supporting documentation that describes these services.

Authorization

Name	Title
Signature	Date (mm/dd/yyyy)
X	