



STATE OF MAINE
 MAINE REVENUE SERVICES
 24 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0024

ADMINISTRATIVE & FINANCIAL
 SERVICE

REBECCA M. WYKE
 COMMISSIONER

John Elias Baldacci
 GOVERNOR

JEROME D. GERARD
 ACTONG EXECUTIVE DIRECTOR

APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
 () FOR AN INCORPORATED NONPROFIT RESIDENTIAL CARE FACILITY OR
 () AN INCORPORATED NONPROFIT ASSISTED HOUSING PROGRAM FOR THE ELDERLY

Name of Corporation _____
Name of Residential Care Facility _____
Physical Location _____
Mailing Address _____

The statute reads, "Incorporated nonprofit residential care facilities and incorporated nonprofit assisted housing programs for the elderly licensed by the Department of Human Services,"

Is the residential care facility incorporated? Yes ___ No ___
Send a copy of the articles of incorporation
Has the residential care facility received 501(c) nonprofit status from the IRS? Yes ___ No ___
Send a copy of the IRS determination letter indicating 501(c) nonprofit status

- IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED
1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
 2. Copy of the IRS determination letter indicating 501(c) nonprofit status
 3. Copy of license issued by the State of Maine Department of Behavioral and Developmental Services

I hereby certify that _____ is an incorporated nonprofit residential care facility. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____ Signature: _____

Tel: _____ Print Name: _____

Fed ID# _____ Title: _____

Date Facility Opened: _____

ST-R-10