



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

INCORPORATED NON PROFIT FREE MEDICAL CLINIC

Name of Corporation _____
Name of Free Medical Clinic _____
Physical Location _____
Mailing Address _____

The statute reads, Sales to "incorporated nonprofit medical clinics whose sole mission is to provide free medical care to the indigent or uninsured" PL 2007, c. 416, §1 (new) and §2 (aff).

Is the free clinic incorporated? Yes ___ No ___

Has the free clinic received 501(c) nonprofit status from the IRS? Yes ___ No ___

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. Copies of any DHHS licenses in reference to this agency.

Note: All information contained on this application is subject to VERIFICATION by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify under the pains and penalties of perjury, that _____
is an incorporated nonprofit free clinic. I therefore request that a sales/use tax exemption
certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16G-1).

Date: _____ Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060

APP-146 (Rev 10/05)