



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

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## INCORPORATED NONPROFIT AREA AGENCIES ON AGING

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Name of Corporation \_\_\_\_\_  
Name of Area Agencies on Aging \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**The statute reads,** Certain meals. Sales of meals “by hospitals, schools, long-term care facilities, food contractors and restaurants to incorporated nonprofit area agencies on aging for the purpose of providing meals to the elderly; PL 1999, c. 502, §1 (amd).”

*Is the area agency on aging incorporated?* Yes \_\_\_ No \_\_\_

*Has the area agency on aging 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

**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 Area Agency on Aging. I therefore request that a sales/use tax  
exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (6C).

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-139 (Rev 10/05)