



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
 COMMUNITY MENTAL HEALTH FACILITY OR
 COMMUNITY MENTAL RETARDATION FACILITY OR
 COMMUNITY SUBSTANCE ABUSE FACILITY

Name of Corporation	_____
Name of Organization	_____
Physical Location	_____
Mailing Address	_____

The statute reads, "Community mental health facilities, community mental retardation facilities and community substance abuse facilities. Sales to mental health facilities, mental retardation facilities, or substance abuse facilities that are:

A. Contractors under or receiving support under the Federal Community Mental Health Center Act, or its successors; or

B. Receiving support from the Department of Behavioral and Developmental Services pursuant to Title 5, section 20005 or Title 34-B, section 3604, 5433 or 6204. c. 708, PL 1999, PL 1995, c. 560, Pt. K, §82 (amd); §83 (aff)."

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

- 1. Proof of receiving support from the Department of Behavioral and Development Services**
- 2. Documentation that indicates the purpose of organization**

I hereby certify that _____ is a mental health, mental retardation facility or a substance abuse facility. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (28).

Date: _____ Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

ST-R-06