



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 NURSING HOME**

Name of Corporation _____
Name of Nursing Home _____
Physical Location _____
Mailing Address _____

The statute reads, incorporated nonprofit nursing homes licensed by the Department of Behavioral and Developmental Services,"
Is the nursing home incorporated? Yes ___ No ___
Send a copy of the articles of incorporation
Is the nursing home licensed by the Department of Behavioral and Developmental Services? Yes ___ No ___
Send a copy of the nursing home license received by the Department of Behavioral and Developmental Services
Has the nursing home 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 nursing home license from the Department of Behavioral and Developmental Services
 3. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit nursing home licensed by the Department of Behavioral and Developmental Services. 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-31