



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
 ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
 FOR AN INCORPORATED NONPROFIT ORGANIZATION PROVIDING:
A, TEMPORARY RESIDENTIAL ACCOMODATIONS TO PEDIATRIC PATIENTS SUFFERING
 FROM CRITICAL ILLNESS OR DISEASE, SUCH AS CANCER, OR WHO ARE ACCIDENT
 VICTIMS, TO ADULT PATIENTS WITH CANCER, OR TO THE FAMILIES OF THE PATIENTS;
 OR B, TEMPORARY RESIDENTIAL ACCOMODATIONS, OR FOOD, OR BOTH, TO HOSPITAL
 PATIENTS OR TO THE FAMILIES OF HOSPITAL PATIENTS**

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

The statute reads, "Residential facilities for medical patients and their families. Sales to incorporated nonprofit organizations providing: A. Temporary residential accommodations to pediatric patients suffering from critical illness or disease, such as cancer, or who are accident victims, to adult patients with cancer, or the families of the patients; or B. Temporary residential accommodations, or food, or both, to hospital patients or to the families of hospital patients."

Is the organization incorporated? Yes ___ No ___
Send a copy of the articles of incorporation!
Has the organization 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

I hereby certify that _____ is an incorporated nonprofit organization providing temporary residential accommodations, or food, or both. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (46).

Date: _____ Signature: _____

Tel: _____ Print Name: _____

Fed ID# _____ Title: _____

ST-R-36 Date Facility Opened: _____