



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 AREA AGENCIES ON AGING**

Name of Corporation _____
Name of Area Agencies on Aging _____
Mailing Address _____

The statute reads, Certain meals, Sales of meals: C. 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; and PL 1991c c, 846, §19 (amd)."

Is the area agency on aging incorporated? Yes ___ No ___
Send a copy of the articles of incorporation!
Has the area agency on aging 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 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: _____ Print Name: _____
 Fed ID: _____ Title: _____
 Date Facility Opened: _____

ST-R-39