



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

-
- () 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 Health and Human 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 either A or B above.
2. Documentation that indicates the purpose of organization

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 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: _____ Authorized Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

APP-106 (Rev. 10/05)

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