



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

- () COMMUNITY MENTAL HEALTH FACILITY
() COMMUNITY ADULT DEVELOPMENT SERVICES FACILITY
() COMMUNITY SUBSTANCE ABUSE FACILITY

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

The statute reads, “Community mental health facilities, community adult development services facilities and community substance use disorder facilities. Sales to mental health facilities, adult developmental services facilities or substance use disorder facilities that are:

- A. Contractors under or receiving support under the Federal Community Mental Health Centers Act, or its successors; or
B. Receiving support from the Department of Health and Human Services pursuant to Title 5, section 20005 or Title 34-B, section 3604, 5433 or 6204.”

PL 2017, c. 407, Pt. A, §§160 and 161 (AMD).

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED:

1. Proof of receiving support from either A or B above.
2. Please forward any licenses, publications issued to or by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

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, adult developmental services or a substance use disorder facility. I therefore request that a sales, use and service provider tax exemption certificate be issued to the above organization pursuant to 36 M.R.S. §§ 1760(28) and 2557(6).

Date: _____ Signature: _____
Tel: _____ Printed Name: _____
Fed ID: _____ Title: _____
Email: _____ Date Facility Opened: _____

Mailing address: Maine Revenue Services, P.O. Box 1060, Augusta, ME 04332-1060

APP-106 (Rev. 03/2020)