



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

**AN INCORPORATED NONPROFIT ORGANIZATION PROVIDING:**

- ( ) 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  
( ) 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,** "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." PL 2003, c. 451, Pt. AA, §1 (RPR); PL 2003, c. 673, Pt. V, §25 (NEW); PL 2003, c. 673, Pt. V, §29 (AFF).

*Is the organization incorporated? Yes \_\_\_ No \_\_\_*  
*Has the organization received 501(c) nonprofit status from the IRS? Yes \_\_\_ No \_\_\_*

**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-laws;
2. Copy of the IRS determination letter indicating 501(c) nonprofit status;
3. 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 an incorporated nonprofit organization providing temporary residential accommodations, or food, or both. 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(46) and 2557(11).

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-136 (Rev 03/2020)

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