



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

---

## AN INCORPORATED NONPROFIT DENTAL HEALTH CENTER

---

Name of Corporation \_\_\_\_\_  
Name of Dental Health Center \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**The statute reads,** “Sales to incorporated nonprofit dental health centers.” PL 2005, c. 622, §§6 and 10 (NEW).

*Is the dental health center incorporated?* Yes \_\_\_ No \_\_\_  
*Has the dental health center 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 dental health center. 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(16)(G) and 2557(3)(G).

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-137 (Rev 03/2020)

Phone: (207) 624-9693

V/TTY: 7-1-1  
E-mail: [salesapp.MRS@maine.gov](mailto:salesapp.MRS@maine.gov)

Fax: (207) 287-6628