



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

STATEWIDE ORGANIZATIONS THAT ADVOCATE FOR CHILDREN AND THAT ARE MEMBERS OF THE MEDICAID ADVISORY COMMITTEE

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

The statute reads, “Statewide organizations that advocate for children and that are members of the Medicaid Advisory Committee.” PL 1999, c. 499, §1 (NEW); PL 2003, c. 673, Pt. V, §25 (NEW); PL 2003, c. 673, Pt. V, §29 (AFF).

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

1. Documentation from DHHS that identifies the organization as a member of the Medicaid (MaineCare) Advisory Committee;
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 statewide organization that advocates for children and is a member of the Medicaid (MaineCare) Advisory Committee. 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(49) and 2557(13).

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-142 (Rev 03/2020)