



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

INCORPORATED NONPROFIT FREE MEDICAL CLINIC

Name of Corporation _____
Name of Free Medical Clinic _____
Physical Location _____
Mailing Address _____

The statute reads, “Sales to incorporated nonprofit medical clinics whose sole mission is to provide free medical care to the indigent or uninsured.” PL 2007, c. 416, §1 (NEW); PL 2007, c. 416, §2 (AFF); PL 2009, c. 361, §21 (NEW); PL 2009, c. 652, Pt. A, §65 (AFF).

Is the free clinic incorporated? Yes ___ No ___

Has the free clinic 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. Copies of any DHHS licenses issued in reference to this agency.

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 free clinic. 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-1) and 2557(3)(G-1).

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-146 (Rev 03/2020)