



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

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## INCORPORATED NON PROFIT FREE MEDICAL CLINIC

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Name of Corporation \_\_\_\_\_

Name of Free Medical Clinic \_\_\_\_\_

Physical Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

**The statute reads, "Incorporated nonprofit medical clinics whose sole mission is to provide free medical care to the indigent or uninsured" 36 MRSA § 16 eff. 10/1/2007**

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-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Copies of any DHHS licenses 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 tax exemption  
certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fed ID: \_\_\_\_\_

Title: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-46 (10/07)

Phone: (207) 624-9693

Fax: (207) 287-6628

E-mail: [salestax@maine.gov](mailto:salestax@maine.gov)