



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

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## INCORPORATED NONPROFIT EMERGENCY SHELTER AND FEEDING ORGANIZATIONS

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Name of Corporation \_\_\_\_\_  
Name of Emergency Shelter \_\_\_\_\_  
or Feeding Organization \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

***The statute reads, "Emergency shelter and feeding organizations. Beginning October 1, 1996, sales to incorporated nonprofit organizations that provide free temporary emergency shelter or food for underprivileged individuals in this State; PL. RR 1995, c. 2, §95 (cor)."***

***Is the emergency shelter and feeding organization incorporated? Yes \_\_\_ No \_\_\_***

***Has the emergency shelter and feeding 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-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Please forward any publications issued 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 that \_\_\_\_\_ is an incorporated nonprofit emergency shelter and feeding organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (47-A).

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

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

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

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

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

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

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

ST-R-17 (Rev 9/05)