



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

INCORPORATED NONPROFIT NURSING HOME

Name of Corporation _____
Name of Nursing Home _____
Physical Location _____
Mailing Address _____

"The statute reads, incorporated nonprofit nursing homes licensed by the Maine Department of Health and Human Services "

Is the nursing home incorporated? Yes ___ No ___

*Is the nursing home licensed by the Maine Department of Health and Human Services?
Yes ___ No ___*

Has the nursing home 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 nursing home license from the Maine Department of Health and Human Services.
3. Copy of the IRS determination letter indicating 501(c) nonprofit status

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 nursing home licensed by the Maine Department of Health and Human Services. 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-31 (Rev 10/05)