



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

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AN INCORPORATED NONPROFIT DENTAL HEALTH CENTER

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Name of Corporation \_\_\_\_\_  
Name of Dental Health Center \_\_\_\_\_  
*Physical Location* \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

*The statute reads, "incorporated nonprofit dental health centers,"*

*Is the dental health center incorporated? Yes \_\_\_ No \_\_\_*  
*Has the dental health center 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 dental health center. 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-37 (Rev 10/05)