



Map _____ Lot _____

Assessor's Signature _____

Effective date of approval: April 1, _____

CITY OF BREWER APPLICATION FOR EXEMPTION FROM LOCAL TAXATION

Completed forms must be filed with the City of Brewer Assessor's Office by April 1. Forms filed after April 1, of any year will apply to the subsequent year tax assessment.

One form must be completed for each parcel for which exemption from property taxation is requested.

To the Assessor of the City of Brewer, Maine: Pursuant to 36 MRS Section 652 or other designated statute, the undersigned request exemption from the property tax for the below described real estate and/or personal property.

Institution or Organization Name: _____

If incorporated, provide date and state of incorporation: _____

Mailing Address: _____ **City:** _____

(If different from above)

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

2. Exemption Classification of Organization: Indicate exemption requested:

- | | |
|---|---|
| <input type="checkbox"/> Charitable & Benevolent | <input type="checkbox"/> Hospital /Blood Bank |
| <input type="checkbox"/> Literary & Scientific | <input type="checkbox"/> Nonprofit Hospital/Medical Service (Title 24 § 2311) |
| <input type="checkbox"/> Veteran's Association (Legion/VFW) | <input type="checkbox"/> Nonprofit Mental Health |
| <input type="checkbox"/> Chamber of Commerce/Brd of Trade | <input type="checkbox"/> Nonprofit Childcare |
| <input type="checkbox"/> House of Religious Worship | <input type="checkbox"/> Nonprofit Nursing Home/Boarding Home |
| <input type="checkbox"/> Parsonage | <input type="checkbox"/> Nonprofit Residential Housing |
| <input type="checkbox"/> Fraternal Organization (Lodges) | <input type="checkbox"/> Maine Health Facilities (Title 22 § 2067) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Agricultural Fair Association |

For any classification not listed above you are **REQUIRED** to list and attach Maine statutory authority for exempt status being requested. Statutory Citations: _____

3. Location of real estate and/or personal property. File separate applications for each parcel for which exempt status is being requested.

MAP: _____ **LOT:** _____ **NUMBER:** _____ **STREET:** _____

4. Describe Real Estate for which exemption is requested and attach deed of current ownership.

5. Is any part of the facility used for employee housing? Yes or No If Yes, describe:

5a. Do employees pay rent? Yes or No

5b. How does the housing relate to the employees job? _____

6. Identify the names of **ALL** tenants of the property, stating the use and the portion of the property occupied by each: (Attach additional pages as necessary) examples:

10,000 sq. ft.	Generic Charity	50 % own use
5 year lease, 4025 sq. ft.	ACBG Charity	shelter for homeless
3 year lease, 2050 sq. ft.	Dr. John Smith	private medical office

7. If any real estate or personal property, or any part of such real and personal property, is used for other activities not conducted by or directly related to the organization's exempt purpose(s), explain who uses it, how often it is available, for what purpose and fees charged to use the space (for example, first floor rented for dances to a single group every Friday for \$500 each night): Attach additional pages as necessary:

8. Number of times annually property is available for use by the general public without eligibility restrictions: _____

9. Does the organization conduct fundraising activities at the property open to the general public? Yes or No
If yes, describe the type and frequency (beano once a week, flea market twice per year, etc.)

10. Does the institution/ organization hold social events for its members only? Yes or No What type of events and how often? (For example, dances, cribbage tournaments, instruction for ceremonial, fraternal, moralistic or education purposes of the organization, banquet, etc.)

NOTE: A separate application form must be filed for each parcel of land. If a parcel has several buildings with different uses, then a form for each building in addition to the land must be completed.

Attach additional pages as necessary to completely answer each question. Have you attached all additional materials necessary to file a complete application for exemption?

First time filing of an application for Exemption MUST be filed on or before April 1st of the tax year for which the exemption is being requested. Thereafter, any modifications and the personal property declaration must be filed each year prior to April 1st.

Attachment1. ASSETS, FUNDING SOURCES & PUBLIC BENEFIT EXPENDITURES

Indicate funding sources and degree of public benefit/exempt purposes expenditures

Assets & Funding Sources: Percent Dollar Amount Attach Detail:

Private donations	_____	_____	
Trust fund(s) income	_____	_____	
Private foundation grants	_____	_____	(explain why received)
Federal grants	_____	_____	(explain why received)
Other public money	_____	_____	(explain why received)
Fees for services	_____	_____	
Other _____	_____	_____	
Other _____	_____	_____	
Other _____	_____	_____	
 Total	 100%	 \$ _____	
Trust fund(s)-principle _____		_____	(detail each trust fund)

Is/are the trust fund(s) able to be used for operation or other expenses? Yes or No

Comments: _____

Public Benefit/Exempt Purpose Expenditures:

	Percent	Dollar Amount	
a. Monetary donations	_____	_____	Indicate to whom and why donations are made for items a, b, and c
b. In kind donations	_____	_____	
c. Spent on public benefit works	_____	_____	
d. Spent on administration	_____	_____	
e. Physical plant expenditures	_____	_____	
f. Other _____	_____	_____	
g. Other _____	_____	_____	
h. Other _____	_____	_____	
 Total (=100% of funding)	 100%	 \$ _____	

Comments: _____

Attachment 2. PUBLIC BENEFIT & ORGANIZATION PURPOSE

A. PUBLIC BENEFIT-Describe the Public Benefit derived from the organization's activity. The real estate and/or personal property is owned, occupied or used for the following purposes: (attach pages as necessary to be thorough and complete in your response)

B. PURPOSE-explain the activities of the organization as relates to the selected classification. For example, why is the organization charitable & benevolent, what activities are carried out that constitute charitable works, etc.. (Attach pages as necessary to be thorough and complete in your response).
