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.

Instution of	or Oranization	n Name:		
If incorpora	ated, provide d	late and state of incorporation:		
Mailing A	ddress:		City:	
State:		(If different from above) Phone:		

2. Exemption Classification of Organization: Indicate exemption requested:

Charitable & Benevolent	Hospital /Blood Bank
Literary & Scientific	Nonprofit Hospital/Medical Service (Title 24 § 2311)
Veteran's Association (Legion/VFW)	Nonprofit Mental Health
Chamber of Commerce/Brd of Trade	Nonprofit Childcare
House of Religious Worship	Nonprofit Nursing Home/Boarding Home
Parsonage	Nonprofit Residential Housing
Fraternal Organization (Lodges)	Maine Health Facilities (Title 22 § 2067)
Other:	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 o	f real estate and/or	personal property. File se	parate applications for each	parcel for which exempt status
is being requ	ested.			
MAP:	_LOT:	_NUMBER	STREET:	

80 North Main Street, Brewer, Maine 04412 207-989-7560 fax 207-989-8036 Assessing-Dept@brewermaine.gov

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 te	nants of the property, stating the use	and the portion of the property occupied by each:	(
Attach additional pages as necess	sary) 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.)

11. Does the organization offer its services or make its facilities available to those who cannot afford to pay? Yes or No Provide the total number of clients, indicate those charged full fee, those at reduces or no fees. Provide a copy of the written policy and advise how it is publicized. Attach additional pages as necessary.

12.	How does the organization use income derived from its activities or rentals of its facilities?	Attach additional pages
as n	ecessary.	

For questions 13 to 21 check the Box to the left of each question if you have attached the corresponding information.

13. Attach audited annual financial reports for the prior year, detailing general revenue and expense items (and
complete attachment #1)

- 14. Attach Articles of Incorporation, with any amendments as attested by the Secretary of State's Office.
- 15. Attach Bylaws and Charter (and complete attachment # 2)
- 16. Attach Property Deed(s)

17. Attach certified copies of all licenses, approvals, authorizations, etc.. For example hospitals must be licensed by the Department of Human Services as a hospital, health maintenance organization or blood bank in order to receive an exemption.

- 18. Attach evidence of IRS tax exemption status.
- 19. Attach a list of all personnel positions and salary ranges and salaries paid for each position.
- 20. Attach statutory authority for exemption requested.
- 21. Each question has been answered or addressed (36 M.R.S 706-A)
- 22. Statement (Complete Itemized Listing) of equipment, leased and owned in Your POSSESSION on April 1:

Do you own machinery & equipment, furniture & fixtures or computers?YesorNoDo you have leased machinery & equipment, furniture & fixtures or computers?YesorNo

If on April 1, you have in your possession any business machines, equipment, furniture, fixtures, tools, computers, etc, which are owned, loaned, leased, stored, or otherwise held, you are requested to attach a list identifying the full name and address of the owner, quantity and description of the equipment. A personal property tax declaration form accompanies this application to assist you with the requirement.

23. Authorized representative of organization filing this application:

I, the undersigned, hereby certify that the information contained within this application and attachments are true, correct and complete.

Signature:	Date:	
-		
Printed Name:	Title:	
Phone:	Email:	

<u>NOTE:</u> 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?

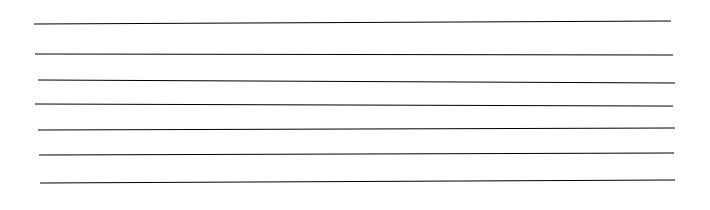
First time filing of an application for Exemption MUST be filed on or before April 1st of the tax year for which the exemption is being requested. Thereafter, any modifications and the personal property declaration must be filed each year prior to April 1st.

Attachment1. ASSETS, FUNDING SOURCES & PUBLIC BENEFIT EXPENDITURES Indicate funding sources and degree of public benefit/exempt purposes expenditures

	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 u Comments:	*	*	Yes or No
Comments:		*	
Comments:		*	
Comments:	Expenditures:	Dollar Amount	
Comments: Public Benefit/Exempt Purpose I a. Monetary donations h. In hind denotions	Expenditures: Percent	Dollar Amount	
Comments: Public Benefit/Exempt Purpose I a. Monetary donations h. In hind denotions	Expenditures: Percent	Dollar Amount	dicate to whom and
Comments: Public Benefit/Exempt Purpose I a. Monetary donations b. In kind donations	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c
Comments: Public Benefit/Exempt Purpose I a. Monetary donations b. In kind donations c. Spent on public benefit works d. Spent on administration	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c
Comments: Public Benefit/Exempt Purpose I a. Monetary donations b. In kind donations c. Spent on public benefit works d. Spent on administration e. Physical plant expenditures	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c
Comments: Public Benefit/Exempt Purpose I a. Monetary donations b. In kind donations c. Spent on public benefit works d. Spent on administration e. Physical plant expenditures	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c
Comments: Public Benefit/Exempt Purpose I a. Monetary donations b. In kind donations c. Spent on public benefit works d. Spent on administration e. Physical plant expenditures f. Other	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c
Public Benefit/Exempt Purpose I a. Monetary donations	Expenditures: Percent	Dollar Amount	dicate to whom and hy donations are made or items a, b, and c

Attachment 2. PUBLIC BENEFIT & ORGANIZATION PURPOSE

A. PUBLIC BENFIT-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.