

File with Your County Treasurer

Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization ST PATRICKS CATHOLIC CHURCH		Tax Year 2020
Name of Owner of Property ST PATRICKS CATHOLIC CHURCH		County Name DODGE
Street or Other Mailing Address 422 E 4TH ST		State Where Incorporated NE
City FREMONT	State NE	Zip Code 68025
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input checked="" type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization		Contact Name Rev Walter Nolte
		Phone Number 402 7216611
		Email Address Heatherbury@stpatsfremont.org

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
WALTER L NOLTE	REVEREND	422 E 4th St, Fremont NE 68025

Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
STARLITE 5X3896	1998	TRAILER	13YFS1018WC070046	
CHRY 2778	2009	VAN	2A8HR54119R536850	
INTERN 0566	2011	BUS	4DRBUSKM6BB336084	
PACE 5925	2006	TRAILER	4FPFB10196G106105	
R&M 5926	2018	TRAILER	55ZR1EB2XJ1001628	

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Give a detail description of the use of the motor vehicle:

**CUB SCOUT TRAILER FOR HAULING CAMPING GEAR
 TRANSPORT PARISHIONERS EQUIPMENT STUDENTS**

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *[Signature]* Finance Director 12/12/19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

[Signature] 12-16-19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

_____ _____
 Signature of County Board Member Date

Please retain a copy for your records.