

Application for Exemption

FORM

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Agenda Item # 457 34

File with Your
County Treasurer

Name of Organization <u>First Baptist Church</u>		Tax Year <u>2020</u>	Date <u>10/7/20</u>
Name of Owner of Property <u>First Baptist Church</u>		County Name <u>Dodge</u>	State Where Incorporated <u>NE</u>
Street or Other Mailing Address <u>505 N. C St.</u>		Contact Name <u>Joel Foreman</u>	Phone Number <u>(402) 721-1265</u>
City <u>Fremont</u>	State <u>NE</u>	Zip Code <u>68025</u>	Email Address <u>joel.foreman@hotmail.com</u>
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			

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<u>Randy Cash</u>	<u>Treasurer</u>	<u>919 N. D, Fremont, NE</u>
<u>Richard Crooks</u>	<u>Pastor</u>	<u>330 E. 5th, Fremont, NE</u>
<u>Don Charleston</u>	<u>Chair</u>	<u>17 Ginger Woods Circle, Valley, NE</u>

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
<u>Chevrolet Express 05-11</u> <u>(replaces 2005 Blue Bird)</u>	<u>2018</u>	<u>Van</u>	<u>1GAZGPF62J1254488</u>	<u>8/28/20</u>

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:

White, 15-passenger van

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 Joel Foreman Title Outreach coordinator Date 9/15/20
Authorized Signature

For County Treasurer Recommendation

Approval Comments: _____
 Approval of a Portion
 Denial

Chris Bergstadt Date 9-24-2020
Signature of County Treasurer

For County Board of Equalization Use Only

Approval If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.
 Approval of a Portion
 Denied

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.

_____ Date
Signature of County Board Member

Please retain a copy for your records.