



# North Dakota

## Application For Sales Tax Exemption Certificate

Office Use Only

Office of State Tax Commissioner  
Sales & Special Taxes  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599

See the *Exempt Organizations* guideline for more detail about organizations that qualify for a sales tax exemption on purchase transactions.

This application should be filed only by federal, state, or local governments; federal corporations; schools; hospitals, nursing homes, intermediate care facilities, basic care facilities, and emergency medical service providers licensed by the State Department of Health; voluntary health associations recognized by the National Health Council; and assisted living facilities licensed by the Department of Human Services.

|   |  |       |       |              |
|---|--|-------|-------|--------------|
| <b>Name</b>   | Name of Organization   |       |       |              |
|   | Federal Identification Number (FEIN)   |       |       | Phone Number |
| <b>Location</b>   | Street Address   | City  | State | Zip Code     |
| <b>Mailing Address<br/>(If Different From Above)</b>  | PO Box or Street Address   | City  | State | Zip Code     |
|   |  |       |       |              |
| <b>Type of Organization<br/>(Check One)</b>   | <input type="checkbox"/> Federal Government <input type="checkbox"/> State <input type="checkbox"/> County or Township <input type="checkbox"/> City<br><input type="checkbox"/> Public or Private School, College or University <input type="checkbox"/> Voluntary Health Association<br><input type="checkbox"/> Intermediate Care Facility (ND Department of Health license no. _____)<br><input type="checkbox"/> Assisted Living Facility (ND Human Services license no. _____)<br><input type="checkbox"/> Basic Care Facility (ND Department of Health license no. _____)<br><input type="checkbox"/> Emergency Medical Services Provider (ND Department of Health license no. _____)<br><input type="checkbox"/> Hospital (ND Department of Health license no. _____)<br><input type="checkbox"/> Skilled Nursing Facility (ND Department of Health license no. _____) |       |       |              |
|   | <b>Provide explanation of primary function of organization</b> _____<br>_____<br>_____   |       |       |              |
| (1) Does the organization hold a sales and use tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |       |       |              |
| (2) Does the organization make any retail sales? <input type="checkbox"/> Yes <input type="checkbox"/> No           |  |       |       |              |
| Authorized Purchasing Agent _____   |  |       |       |              |
| Name  |  | Title |       | Phone Number |

I certify that the above statements are correct to the best of my knowledge and belief and that I am authorized to sign this application.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: The Certificate of Exemption, if granted, applies to purchases only. It does not apply to the sale of tangible personal property. As soon as your application is approved, a Certificate will be mailed. This certificate must be retained by you and a copy of your certificate must be furnished to all suppliers or retailers at the time of purchase.**