



# North Dakota

## Application For Sales Tax Exemption Certificate

Office Use Only

Office of State Tax Commissioner  
Income, 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 (If Different From Above)</b>	PO Box or Street Address	City	State	Zip Code
<b>Type of Organization (Check One)</b>	Federal Government                      State                      County or Township                      City			
	Public or Private School, College or University                      Voluntary Health Association			
	Intermediate Care Facility (ND Department of Health license no. _____)			
	Assisted Living Facility (ND Human Services license no. _____)			
	Basic Care Facility (ND Department of Health license no. _____)			
	Emergency Medical Services Provider (ND Department of Health license no. _____)			
	Hospital (ND Department of Health license no. _____)			
	Skilled Nursing Facility (ND Department of Health license no. _____)			
	<b>Provide explanation of primary function of organization</b> _____			
	_____			
	_____			
	(1) Does the organization hold a sales and use tax permit?		Yes	No
	(2) Does the organization make any retail sales?		Yes	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.**