

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.
• Read instructions on reverse side.

2019

FORM
457

Name of Organization ST PATRICK'S CATHOLIC CHURCH-BOY SCOUT PACK 207		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 422 E 4TH ST		Contact Name WALTER NOLTE	Phone Number 402/753-9980
City FREMONT	State NE	Zip Code 68025	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
REVEREND	WALTER L. NOLTE, 422 E 4TH ST, FREMONT NE 68025
	DAN WIESEN, PETERSON ST FREMONT NE 68025
	JAMES WEWEL, LAKE VENTURA, FREMONT NE

25
1-3-2019
ADVISOR ITEM # 1550

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
R & M ----- PLATE #5926	2018	4 WH TRAILER	55ZR1EB2XJ1001628	09/13/17
PACE ----- PLATE #5925	2006	2 WH TRAILER	4FPFB10196G106105	

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

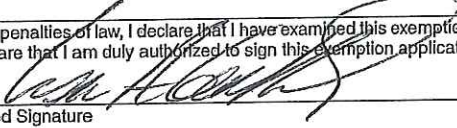
CUB SCOUT TRAILER FOR HAULING CAMPING GEAR

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:
_____ %

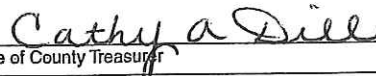
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign here  Title **FINANCE MANAGER** Date **12-27-18**

For County Treasurer Recommendation

Approval Comments: _____

Disapproval _____

 Date **12-27-18**

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval _____

Authorized Signature _____ Date _____

Please retain a copy for your records.