

File with Your
County Treasurer

Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization Archbishop Bergan Catholic School			Tax Year 2020
Name of Owner of Property St Patrick Catholic Church		County Name Dodge	State Where Incorporated ne
Street or Other Mailing Address 545 East 4th st		Contact Name Rev Walter Nolte	Phone Number 4027216611
City Fremont	State NE	Zip Code 68025	Email Address lleatherbury@stpatfremont.org

Type of Ownership
 Agricultural and Horticultural Society
 Educational Organization
 Religious Organization
 Charitable Organization
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Rev Walter Nolte	President	422 E 4th St Fremont NE 68025
Daniel Wiesen	Secretary/treasurer	422 E 4th St Fremont NE 68025
James Wewel	Trust/Board President	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
1999 Intl 64-pass.	1999	Bus	1HVBBABP0HN226192	
FORD 2758	1007	F250	1FTEF27L0VK010718	
IC BUS 5-57	2004	BUS	4DRBRABM44B965566	
IC BUS 5-66	2011	BUS	4DRBUSKM6BB336084	
CHRYSLER MINI VAN 2778	2009	MINI VAN	2A8HR54119R536850	

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:
TRANSPORT 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.