

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Date 2/10/21

Name of Organization CARE CORPS		Tax Year 2021	
Name of Owner of Property CARE CORPS INC		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 723 N BROAD ST		Contact Name TERA KUCERA	Phone Number 4027213125
City FREMONT	State NE	Zip Code 68025	Email Address TERA.KUCERA@LIFEHOUSENE.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
JEFF GLOSSER	CHAIRMAN	
MARTY KROHN	VICE CHAIRMAN	
CHERYL PESTER	TREASURER	

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
ISUZA PLATE 6459	2016	BOX TRUCK	4DC4W1B4GS800055	

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
 Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detail description of the use of the motor vehicle:
VEHICLE USED IN PICKING UP DISTRIBUTING AND DELIVERING ITEMS OR FOOD PANTRY.

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 Julie Lewter Exec Mgr Director 2-1-2021
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Denial

Comments: _____

Neil Bergstad 2-1-2021
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval 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.