				Agenda	ı item #	30
File with Your	Applic	ation fo	r Exempt	iDate	6/30/2	FORM
	Application for Exemption (30/2) FORM from Motor Vehicle Taxes by Qualifying Nonprofit Organizations • Read instructions on reverse side. 457					
Name of Organization	Tax Year					
FIRST CONGREGATIONAL (Name of Owner of Property	2021 County Name State Where Incorporated					
FIRST CONGREGATIONAL	DODGE NE					
Street or Other Mailing Address 1550 N BROAD ST			CODETY ALL MENDINGER AD2724C040			
		Zip Code	COREY ALLMENDINGER 4027216818 Email Address			
FREMONT	NE	68025	SECRETARTU	ICC@201.CC	M	
Type of Ownership Agricultural and Horticultural Society	Educational Organiza	tion 🕅 Re	eligious Organization	Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code				
COREY ALLMENDINGER	MODERATOR					
NOLA COX	MODERATOR ELECT					
			Motor Vehicles			
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Number		Registration Date or Date of Acquisition, if Newly Purchased
FORD PLATE 0526	2011	SPORT VAN	1 1	1fmne1bw5bdb37294		
Motor Vehicle described above is used in the	following exempt category (plea	se mark the appli	icable boxes):		Are the motor v	ehicles used exclusively
Agricultural and Horticultural Society		Religious	Charitable	Cemetery	as indicated?	i
Give a detail description of the use of the mo	tor vehicle:				∏YES	Пио
RANSPORT CHILDREN TO AND	FROM SCHOOL - ALSO	O MAY BE US	SED FOR CHURC	Н		_
UNCTIONS				Ì		entage of exempt use:
					%	
	clare that I have examined this e		tion and, to the best of n	ny knowledge and b	elief, it is correct	and complete.
sign lalso declare that I am duly at	uthorized to sign this exemption	application.	INFASILVE		(N)	・ルーフトン/
here Authorized Signature	7 34 82	Titl	e Dinasurci		Date	14 2001
	For Cou	nty Treasurer I	Recommendation			
	Comments:					
Approval of a Portion						
☐ Denial		11	100]	1 1	
Domai	1	Mul	Ale	rada	at	6-14-21
	For Count	Signature of Co	ounty Tréasurer ualization Use Only		· · · · · · · · · · · · · · · · · · ·	Date
☐ Approval			-		recommendatio	n, an explanation is required.
☐ Approval of a Portion				,	.,	,
Denied						
T Dellied			It to the best of my knows			made by the County Board
			paroduit to in	2 0.0.00		

Date

Signature of County Board Member