| File with Your County Treasurer | **Application for Exemption** from Motor Vehicle Taxes by Qualifying Nonprofit Organizations • Read instructions on reverse side. | **FORM 457** |

Name of Organization
FREMONT AREA HABITAT FOR HUMANITY

Tax Year
2020

Name of Owner of Property

County Name
DODGE

State Where Incorporated
NE

Street or Other Mailing Address
701 E DODGE ST

Contact Name
JOY MCKAY

Phone Number
4027218771

City
FREMONT

State
NE

Zip Code
68025

Email Address

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
LISA KRAMME	PRESIDENT	
AMANDA OSTDICK	VICE PRESIDENT	
AMY CONE	SECRETARY	

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
H&H TRAILER PLATE 5948	2012	ENCLOSED	533TC1624CC211978	09/16/19
PATRIOT PLATE 5949	2019	CARGO TRAILER	4YMBC1426KM017184	9/19/19
1980 HMDE TRAILER PLATE 5950	1980	TRAILER	E436745237993	9/17/19

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:

GETTING TO BLDG SITES, PICKING UP AND HAULING MATERIALS PICK UP DONATED ITEMS

DUMP TRAILER TO DUMP ITEMS FORM HOE STORE AND FROM CLEAN UP ON CONSTRUCIOTN SITES

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 ▶ _Joy McK_ Authorized Signature

Title _Executive Director_

Date _9-27-19_

For County Treasurer Recommendation

☒ Approval
☐ Approval of a Portion
☐ Denial

Comments: _____

▶ _Gail Bergstadt_ Signature of County Treasurer

Date _9-27-19_

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 kno[wledge] [...] of Equalization is correct pursuant to th[...]

[...] County Board

▶ _____ Signature of County Board Member

Authorized b[...] [...], and 60-3,189

(handwritten note) Agenda # 29. 10-9-2019

Please retain a copy for your records.