

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

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

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	<i>422 E 4th St Fremont NE 68025</i>
Daniel Wiesen	Secretary/treasurer	<i>422 E 4th St Fremont NE 68025</i>
James Wewel	Trust/Board President	<i>422 E 4th St Fremont NE 68025</i>

### 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
IC 0579	2014	INTEGRATED CES BUS	4DRBUSKM3EB359097	
CHEVROLET 0533	2001	MINI BUS	1GBHG31R611190657	
FORD COLLINS 05100	2016	MINI BUS	1FDEE3FLXGDC02823	
FORD 5963	2015	EXPEDITION SPT UTIL	1FMJK1JT1FEF48089	
FORD 5962	2015	EXPEDITION SPT UTIL	1FMJK1JT1FEF43653	

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?  
 YES     NO

Give a detail description of the use of the motor vehicle:

TRANSPORT STUDENTS

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** \_\_\_\_\_ *Finance Director* \_\_\_\_\_ *12/12/19*  
 Authorized Signature Title Date

#### For County Treasurer Recommendation

Approval     Approval of a Portion     Denial

Comments: \_\_\_\_\_

\_\_\_\_\_ *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.